

Home Address:

Home Telephone:

Other Important Information:

Emergency Contact ? Name:

Telephone:

Relationship:

My Prime Care Team is:

Telephone (713) 794-

My Prime Care Physician is:

My Prime Care Nurse is:

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Updated June 2003

By Houston VA Medical Center Public Affairs, (713) 794-7349

Welcome to the Houston VA Medical Center

As a member of one of the world's largest integrated health care systems, HVAMC serves as the primary health care provider for more than 60,000 veterans in southeast Texas. HVAMC Prime Care Clinics logged over 600,000 outpatient visits in fiscal year 2002. This number includes the satellite outpatient clinics in Lufkin and Beaumont, providing care to veterans outside of Houston.

Veterans from around the country are referred to the HVAMC for specialized diagnosis, radiation therapy, surgery, and medical treatment including cardiovascular surgery, gastrointestinal endoscopy, ophthalmology, dermatology, nuclear medicine, pain management, and treatment of spinal cord injury and diseases.

Many of our medical programs have received local and national awards and honors. The HVAMC is home to a Mental Illness Research, Education, and Clinical Center; a Post Traumatic Stress Disorder Clinic; an award-winning Cardiac Surgery Program; and one of the VA's six Parkinson's Disease Research, Education, and Clinical Centers.

Teaching Hospital

Nearly 3,000 health care professionals provide high-quality care to our veterans. HVAMC staff is widely recognized for the education of health care workers. For more than 50 years, HVAMC staff has provided clinical training for health care professionals through affiliations with the Baylor College of Medicine and 85 other educational and research institutions. Hundreds of health care students from fields such as nursing, dietetics, social work, and physical therapy receive training at HVAMC each year. This responsibility serves to enhance the quality of care provided to veteran patients.

As a member institution of the Texas Medical Center (TMC) since 1985, HVAMC staff members serve on various TMC oversight committees that contribute to improved patient care and hospital operations. The vast majority of HVAMC staff physicians are also faculty members of Baylor College of Medicine.

Accreditation

HVAMC is fully accredited by the Joint Commission on Accreditation of Health care Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Commission on Cancer of the American College of Surgeons, American Dental Association, American Psychological Association Office of Accreditation, American Dietetic Association, as well as several other external review organizations.

Modern Facility

Located on a 118-acre campus and built in 1991, HVAMC is a state-of-the-art facility with 352 hospital beds, a 40-bed Spinal Cord Injury Center, and a 120-bed transitional care center for long-term care. The transitional care unit includes five palliative care beds. An automated, computer-controlled transport system delivers food, laundry, and supplies throughout the building. This system allows carts to move over concealed magnetic guide paths and up designated elevators, delivering materials to all patient care areas.

The six-story granite building was designed with four exterior sections and four atriums that contain patio gardens, wheelchair basketball courts, and a rehabilitation swimming pool. Veterans also enjoy walking and relaxing by the gazebo and fountains on the south side of the medical center.

Medical Advances

In 2003, the National Veterans Affairs Surgical Quality Improvement Program (NSQIP) Executive Committee commended the HVAMC for having consistently low mortality rates in general surgery, all non-cardiac surgery, and all operations

for the third consecutive year. HVAMC was one of ten medical centers within the VA system that participated in the Veterans Health Administration (VHA) work group focusing on ensuring correct site surgery. During the past year, HVAMC has tested these preventive steps to ensure patient safety and patient satisfaction. We have implemented several safeguards and processes to educate and familiarize all of our health care professionals about the actions that need to be taken to prevent adverse events from happening.

HVAMC is ahead of the game with its unmatched patient care technology. The Computerized Patient Record System (CPRS) in place has allowed the medical center to progress in its management and utilization of patient information. The patient directly benefits from the sharper accuracy, consistency, and speed that the system has brought about. CPRS is a unique advantage for veterans because most other non-VA hospitals and medical centers lack such a sophisticated patient record system. Many still rely on paper records. Even the computer records of other hospitals do not stand up to the capabilities of CPRS. For example, the writing of progress notes is a feature that cannot be found in other systems.

Just over two years ago, the VHA introduced the Bar Code Medication Administration (BCMA) process. Administering medications, a significant component of delivering quality care, is a complex process, and previously, primarily paper-based. A breakdown at any step along the way could compromise patient safety. The BCMA process consists of using a scanner, very similar to the device we see in supermarkets, to scan a patient's hospital identification (ID) band, and then scan the medications the patient is supposed to receive. This allows a nurse or other health care provider to make sure that a veteran is receiving the correct medication in the correct dose at the correct time.

HVAMC is the site for many different and innovative medical advances. In July 2002, HVAMC physicians tested an innovative gene therapy designed to grow new blood vessels in the hearts of patients with blocked coronary arteries. The VA doctors are part of an international team of heart specialists testing the new therapy in about 600 patients at more than 50 sites over the coming months.

Houston VA doctors are also performing a new procedure to prevent strokes. This technique involves the application of balloon angioplasty and stenting of the neck artery, also known as the carotid artery. The carotid artery provides the majority of the blood flow to the brain.

The HVAMC is also one of only 30 sites in North America, and the only one in Texas, implanting a cardiac support device (like a net) around the hearts of patients with congestive heart failure. The objective of the cardiac support device is to support the lower chambers of the heart in a way that effectively reduces the muscle stretch and wall stress resulting from the heart enlarging. HVAMC physicians hope this cardiac support device might halt the progressive enlargement of the heart, improve its function, and encourage a reduction in size.

Research & Development

Supported with more than \$18 million annually, research conducted by HVAMC staff ensures veterans access to cutting-edge medical and health care technology. The HVAMC Research & Development (R&D) Program is an integral part of the medical center's mission. The production of new knowledge, techniques, and products has led to improved prevention, diagnosis, treatment, and control of disease.

The HVAMC R&D Program includes four components: Medical Research, Rehabilitation Research and Development, Health Services Research and Development, and the Cooperative Studies Program. Collectively, these services support research covering biomedicine, rehabilitation, health services, and clinical trials.

All VA-funded research at HVAMC is conducted under the supervision of VA employees. Unlike some other federal agencies, VA does not make grants to

universities, states, or any other non-VA entity. In addition, VA scientists are successful in competing for research funds from other federal agencies such as the National Institutes of Health and the Department of Defense, from private-sector volunteer organizations such as the American Heart Association and the American Federation for Aging Research, as well as commercial firms including pharmaceutical and biotechnology companies.

VA physicians and scientists have revolutionized medicine through developing new practices and therapies. They were pioneers in aiding the development of the cardiac pacemaker, Computerized Axial Tomography (CAT), drug treatments for high blood pressure and schizophrenia, kidney dialysis, home dialysis techniques, a vaccine for hepatitis, and liver transplant.

Today, VA is a leader in many areas of research including AIDS, Hepatitis C, mental health, heart disease, cancer, diabetes, infectious diseases, and spinal cord injury. Research plays a very important role in the health care veterans receive at HVAMC.

History

The Houston VA Medical Center began its life in the waning days of World War II. On April 26, 1944, President Franklin D. Roosevelt approved the acquisition of a 118-acre site on the corner of Old Spanish Trail and Almeda to be used as a 500-bed naval hospital. The site, south of downtown Houston, was actually purchased from the Hermann Estate by 353 Houston citizens and donated to the federal government.

On June 1, 1945, President Harry S. Truman designated the hospital as a permanent naval hospital. Commissioning ceremonies were held on September 4, 1946 to place the hospital into active operation. On April 15, 1949, the facility was transferred to the Veterans Administration and renamed the United States Veterans Administration Hospital. Designated as a teaching hospital and affiliated with the Baylor College of Medicine, the hospital accepted 22 residents in its training and education programs in its first year.

The father of modern cardiovascular surgery, Michael E. DeBakey, M.D., head of Baylor's department of surgery, a member of the Veteran Administration's Dean's Committee, and a driving force behind today's HVAMC's position in the medical community, said at the time, "The affiliation of the Veterans Administration Hospital and Baylor University College of Medicine has served a double purpose: To give veterans the highest standard of medical care and to enable Baylor to give training in some departments available nowhere else in the South."

Dr. DeBakey helped to establish the system of treating military personnel returning from the war, a concept that evolved into the Veterans Health Administration system. As Colonel Michael DeBakey, he served on the Surgeon General's Staff during World War II, earned the U.S. Army Legion of Merit Award, and conducted studies that led to the development of mobile army surgical hospitals or MASH units.

In 1983, the U.S. Congress approved the construction of a new \$246 million replacement HVAMC facility. Groundbreaking ceremonies were held in 1986. In mid-1991, HVAMC opened the doors of a new state-of-the-art facility located on the same 118-acre site, and the old hospital was demolished.

Eligibility

Am I eligible for the VA Medical Benefits Package?

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996. This legislation paved the way for the creation of a Medical Benefits Package - a standard enhanced health benefits plan available to all enrolled veterans. Like other standard health care plans, the

Medical Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services.

VA places a priority on improved veteran satisfaction. Our goal is to ensure the quality of care and service you receive is consistently excellent, in every location, in every program. Under the Medical Benefits Package, VA offers you, the veteran, a comprehensive health care plan that provides the care you need.

What are the Priority Groups?

Once you apply for enrollment, your eligibility will be verified. Based on your specific eligibility status, you will be assigned a priority group. The priority groups are as follows, ranging from 1-8 with 1 being the highest priority for enrollment. Under the Medical Benefits Package, the same services are generally available to all enrolled veterans.

As of January 17, 2003, VA is not accepting new Priority Group 8 veterans for enrollment (veterans falling into Priority Groups 8e and 8g). It is important to note that Priority Group 8 veterans already enrolled will be "grandfathered" and allowed to continue in VA's health care system.

Priority Group 1:

Veterans with service-connected disabilities rated 50% or more disabling

Priority Group 2:

Veterans with service-connected disabilities rated 30% or 40% disabling

Priority Group 3:

Veterans who are former POWs

Veterans awarded the Purple Heart

Veterans whose discharge was for a disability that was incurred or aggravated in the line of duty

Veterans with service-connected disabilities rated 10% or 20% disabling

Veterans awarded special eligibility classification under Title 38, U.S.C., Section 1151, "benefits for individuals disabled by treatment or vocational rehabilitation"

Priority Group 4:

Veterans who are receiving aid and attendance or housebound benefits

Veterans who have been determined by VA to be catastrophically disabled

Priority Group 5:

Non-service-connected veterans and noncompensable service-connected veterans rated 0% disabled whose annual income and net worth are below the established VA Means Test thresholds

Veterans receiving VA pension benefits

Veterans eligible for Medicaid benefits

Priority Group 6:

Compensable 0% service-connected veterans

World War I veterans

Mexican Border War veterans

Veterans solely seeking care for disorders associated with exposure to herbicides while serving in Vietnam, exposure to ionizing radiation during atmospheric testing or during the occupation of Hiroshima and Nagasaki, for disorders associated with service in the Gulf War, or for any illness associated with service in combat in a war after the Gulf War or during a period of hostility after November 11, 1998.

Priority Group 7:

Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and income below the HUD geographic index
Subpriority a: Noncompensable 0% service-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date

Subpriority c: Nonservice-connected veterans who were enrolled in the VA Health Care System on a specified date and who have remained enrolled since that date

Subpriority e: Noncompensable 0% service-connected veterans not included in Subpriority a above

Subpriority g: Nonservice-connected veterans not included in Subpriority c above

Priority Group 8:

Veterans who agree to pay specified co-payments with income and/or net worth above the VA Means Test threshold and the HUD geographic index

Subpriority a: Noncompensable 0% service-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date

Subpriority c: Nonservice-connected veterans enrolled as of January 16, 2003 and who have remained enrolled since that date

Subpriority e: Noncompensable 0% service-connected veterans applying for enrollment after January 16, 2003

Subpriority g: Nonservice-connected veterans applying for enrollment after January 16, 2003

Who do I call if I have more questions?

For additional information or to get your eligibility questions answered, please call the HVAMC VA Eligibility and Enrollment Office at (713) 794-7288, Monday through Friday 8 a.m. to 4:30 p.m.

Enrollment

To receive health care, most veterans must be enrolled first. As of January 17, 2003, VA is not accepting new Priority Group 8 veterans for enrollment (veterans falling into Priority Groups 8e and 8g.)

Do I have to enroll to receive health care?

You are NOT required to apply for enrollment if you fall into one of the following categories:

VA has rated you as 50% or more service-connected;

Less than one year has passed since you were discharged from military service for a disability that the military determined was incurred or aggravated in the line of duty, but VA has not yet rated; or

You are seeking care from VA for a service-connected disability only (even if the rating is only 0%).

How do I apply?

You can apply for enrollment at any VA health care facility, VA Regional Office, or Veterans Service Office, or you may apply via the at www.va.gov/elig.

You can apply for VA health care by completing VA form 10-10EZ. The 10-10EZ form may be obtained by visiting, calling, or writing any VA health care facility or veterans' benefits office. You can also call toll-free 1-877-222-VETS (1-877-222-8387) or access the form on the at <http://www.va.gov/1010ez.htm>.

We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility. After applying, you will receive a letter confirming your

enrollment from the Department of Veterans Affairs that identifies your Priority Group.

How do I get a copy of my DD214?

We will need a copy of your DD214 or Military Discharge Certificate to verify your eligibility. The Department of Veterans Affairs does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, please visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, on the at www.nara.gov/regional/mpr.html. The VA Regional Office, at 1-800-827-1000, can also send you the necessary request form.

What else do I need to know?

Enrollment is an ongoing process. You can apply for enrollment at any VA health care facility. An important aspect of enrollment is for you to identify which VA health care facility you choose as your preferred facility.

The preferred facility is where you receive your primary care. If for any reason a selected facility is unable to provide the health care needed by an enrolled veteran, then that facility will make arrangements for referral to another VA health care facility or to one of VA's private sector affiliates to provide the required care.

Once enrolled, do I need to enroll each year?

Enrollments are renewed annually and many veterans will stay enrolled each year without any action on their part. Veterans who are not receiving monthly compensation or pension checks from VA; however, must complete an annual financial statement known as a Means Test. Completing a Means Test allows the VA to place you in the correct Priority Group for determination of co-payments. It also ensures that your local VA receives reimbursement from our headquarters office for the health care we provide to you. We would be glad to help you with the forms.

Contact the HVAMC Enrollment Office at (713) 794-7288 if you have questions.

How does enrolling in the VA Health Benefits Package affect my Medicare and/or private insurance?

If you have health insurance, or eligibility for other programs such as Medicare, Medicaid, or CHAMPUS, you may continue to use services under those programs. You are not required to use VA as your exclusive health care provider.

Veterans with private insurance, Medicare, or Medicaid, may find VA enrollment to be a complement to their other coverage. VA encourages veterans to maintain their Medicare and/or private insurance coverage to provide options and flexibility in the future.

Whether or not you have insurance does not affect your eligibility for VA health care benefits. But if you do have insurance coverage, we would like to know for three reasons. Two of the reasons benefit you. First, the law requires us to bill private health insurance companies for all care provided for veteran's non-service connected disabilities. Keep in mind that you will not be responsible for any unpaid balance that the insurance company does not pay, except for VA co-payments.

Second, many insurance companies will apply VA health care charges toward the satisfaction of your annual deductible. Finally, and most importantly, the Houston VA Medical Center's medical care budget is supplemented by the amount we are able to collect from private health insurance carriers. This means the money we collect here in Houston is used to pay our doctor and nurse salaries, buy medications for our pharmacy, and deliver medical services to the veterans we serve in Southeast Texas.

Your assistance in assuring that the insurance information we have for you is current and accurate helps us meet the requirements of the law, and more importantly, helps us to provide health care services to all the veterans we serve.

If a veteran cannot be enrolled, will he or she still be eligible for VA hospital and outpatient care?

A veteran who is not enrolled will still be eligible for hospital and outpatient care for conditions related to military sexual trauma, head or neck cancer related to nose or throat radium treatment while in the military, readjustment counseling services, and treatment related to service-connected conditions. If you need more information, please contact the HVAMC Enrollment Office at (713) 794-7288.

Benefits & Services

What is the Medical Benefits Package?

In October 1996, Congress passed Public Law 104-262, the Veterans' Health Care Eligibility Reform Act of 1996. This legislation paved the way for the creation of a Medical Benefits Package - a standard enhanced health benefits plan generally available to all enrolled veterans. Like other standard health care plans, the Medical Benefits Package emphasizes preventive and primary care, offering a full range of outpatient and inpatient services.

VA places a priority on improved veteran satisfaction. Our goal is to ensure the quality of care and service you receive is consistently excellent, in every location, in every program.

What does it cover?

The Medical Benefits Package will generally be provided to all enrolled veterans regardless of your priority group.

Public Law 104-262 calls for VA to provide you hospital care and outpatient care services that are defined as "needed". VA defines "needed" as care or service that will promote, preserve, and restore health. This includes treatment, procedures, supplies, or services. This decision of need will be based on the judgment of your health care provider and in accordance with generally accepted standards of clinical practice.

The following three categories contain a list of health care services that are provided under the Medical Benefits Package, a list of some that are not covered by VA, and a list of other services that are provided under special authority.

Category 1: Services Covered Under the Medical Benefits Package

Basic care

Outpatient medical, surgical, and mental health care including care for substance abuse.

Inpatient hospital, medical, surgical, and mental health care including care for substance abuse.

Prescription drugs including over-the-counter drugs and medical and surgical supplies available under the VA national formulary system.

Emergency care in VA facilities.

Bereavement counseling.

Comprehensive rehabilitative services other than vocational services.

Consultation, professional counseling, training, and mental health services for the members of the immediate family or legal guardian of the veteran.

Durable medical equipment and prosthetic and orthotic devices including eyeglasses and hearing aids.

Home health services.

Reconstructive (plastic) surgery required as a result of a disease or trauma but not including cosmetic surgery that is not medically necessary.

Respite, hospice, and palliative care.

Emergency care in non-VA facilities in certain conditions: This benefit is a safety net for veterans requiring emergency care for a service connected disability or enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement.

To qualify for payment or reimbursement for non-VA emergency care service for a service-connected disability, you must meet all of the following criteria:

It must be for a Medical Emergency.

Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.

The emergency was for a service-connected disability.

To qualify for payment or reimbursement for non-VA emergency care services for a nonservice-connected condition, you must meet all of the following criteria:

You are enrolled in the VA Health Care System.

You have been provided care by a VA clinician or provider within the last 24 months.

You were provided care in a hospital emergency department or similar facility providing emergency care.

You have no other form of health insurance.

You do not have coverage under Medicare, Medicaid, or a state program.

You do not have coverage under any other VA programs.

Department of Veterans Affairs or other Federal facilities are not feasibly available at time of emergency event.

A reasonable layperson would judge that any delay in medical attention would endanger your health or life.

You are financially liable to the provider of the emergency treatment for that treatment.

You have no other contractual or legal recourse against a third party that will pay all or part of the bill.

Payment of travel and travel expenses for eligible veterans:

A veteran or other person traveling in connection with treatment for a service-connected disability (irrespective of percent of disability).

A veteran with a service-connected disability rated at 30 percent or more, for treatment of any condition.

A veteran receiving VA pension benefits.

A veteran whose annual income does not exceed the maximum annual rate of pension, which would be payable if the veteran were eligible for pension, or who is unable to defray the expenses of travel.

Pregnancy and delivery service, to the extent authorized by law.

Completion of forms. This coverage includes completion of forms such as Family Medical Leave forms, life insurance applications, Department of Education forms for loan repayment exemptions based on disability, and non-VA disability program forms by health care professionals based on an examination or knowledge of the veteran's condition. This does not include the completion of forms for examinations if a third party customarily will pay health care practitioners for the examination but will not pay VA.

Preventive care

Periodic medical exams.

Health education, including nutrition education.
Maintenance of drug-use profiles, drug monitoring, and drug use education.
Mental health and substance abuse preventive services.

Category 2: Services Not Covered Under the Medical Benefits Package

Abortions and abortion counseling.
In vitro fertilization.
Drugs, biologicals, and medical devices not approved by the Food and Drug Administration unless the treating medical facility is conducting formal clinical trials under an Investigational Device Exemption (IDE) or an Investigational New Drug (IND) application, or the drugs, biologicals, or medical devices are prescribed under a compassionate use exemption.
Gender alterations.
Hospital and outpatient care for a veteran who is either a patient or inmate in an institution of another government agency if that agency has a duty to give the care or services.
Membership in spas and health clubs.
Category 3: Services with Limited Coverage

Commonwealth Army veterans and new Philippine Scouts may receive hospital and outpatient care provided for in the Medical Benefits Package.
A veteran may receive certain types of VA hospital and outpatient care not included in the Medical Benefits Package such as humanitarian emergency care for which the individual will be billed, compensation and pension examinations, dental care, readjustment counseling, care as part of a VA-approved research project, seeing-eye or guide dogs, sexual trauma counseling and treatment, special registry examinations.
A veteran may receive an examination to determine whether the veteran is catastrophically disabled; and therefore, eligible for inclusion in priority group 4.
Non-enrolled veterans
A veteran rated for service-connected disabilities at 50 percent or greater will receive VA hospital and outpatient care.
A veteran who has a service-connected disability will receive VA hospital care for that service-connected disability.
A veteran who was discharged or released from active military service for a disability incurred or aggravated in the line of duty will receive VA hospital and outpatient care for that disability for the 12-month period following discharge or release.
When there is a compelling medical need to complete a course of VA treatment started when the veteran was enrolled in the VA health care system, a veteran will receive that treatment.
A veteran participating in VA's vocational rehabilitation will receive VA hospital and outpatient care.
A veteran may receive VA hospital and outpatient care based on factors other than veteran status e.g., a veteran who is a private-hospital patient and is referred to VA for a diagnostic test by that hospital under a sharing contract; a veteran who is a VA employee and is examined to determine physical or mental fitness to perform official duties; a Department of Defense retiree under a sharing agreement.
A veteran may receive VA hospital and outpatient care outside the United States, without regard to the veteran's citizenship, if necessary for treatment of a service-connected disability, or any disability associated with and held to be aggravating a service-connected disability or if the care is furnished to a veteran participating in a VA rehabilitation program.

Questions about Benefits & Services

What about other VA benefits?

For all non-medical related VA Benefits, such as filing for service-connection or pension, educational benefits, burial benefits, home loans, or vocational rehabilitation contact the VA Regional Office at 1-800-827-1000.

How do I begin to receive VA medical benefits and medical services?

When you enroll for the VA Medical Benefits Package, you will be asked if you are interested in receiving care through the VA Prime Care Program. The full range of the VA Medical Benefits Package is delivered through our comprehensive Prime Care Program. If you are interested in receiving your primary medical care through the VA, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 to have a Prime Care Provider assigned to you and to arrange an initial appointment.

At your first appointment, your VA Prime Care provider will conduct a thorough physical examination, obtain a complete medical history, review your current medications, and arrange for any laboratory or diagnostic tests required. This appointment is very important. To make the most of it, we request that you bring copies of your medical records from your private provider.

What if the closest VA facility does not have services I need?

If you are enrolled in the VA Medical Benefits package and wish to receive VA health care, we are responsible for providing you with a full range of services. These services will generally be provided through your Prime Care Provider at the Houston VA Medical Center or the outpatient clinics in Lufkin or Beaumont. Other services will be provided at the nearest VA facility that can provide the care you need. By law, the VA has to provide care within the VA system. If the VA cannot provide the medical care you need, a VA provider will arrange for you to receive care in a private facility or clinic at VA's expense.

Are there limits on days of care or number of outpatient visits VA will provide?

No. Your treating physician or Prime Care Provider will determine what is appropriate and necessary based on your individual needs and will provide care consistent with current medical practice.

Can I choose to get care outside the VA system at VA cost?

Generally, no. By law, the VA has to provide care within the VA system. If you meet certain eligibility criteria, VA may be able to pay for routine care you receive in your local community. This is called Fee Basis care. We may authorize you to receive Fee Basis care if we can't provide the medical services you need or if we find that you aren't physically able to travel to our facilities because of your health or the distance you must travel. To learn more about Fee Basis care and whether or not you are eligible, contact the HVAMC Fee Basis staff at (713) 794-7282.

Are there any special benefits for recently discharged combat veterans?

Yes, recently discharged veterans who served in combat locations can receive health care for conditions potentially related to their service for two years after their release from service. Call the Eligibility and Enrollment Office at (713) 794-7288 for information.

How do I get care in an emergency?

In any serious emergency, call 911 immediately. For urgent, but not life-threatening, health care needs, contact your Prime Care Provider. His or her

name and telephone number is on the inside front of this booklet. If taking the time to contact your Prime Care Provider might endanger your life, call 911 or go directly to the closest emergency room.

Who pays for emergency services at non-VA facilities?

Please turn to the "Emergency Care in Non-VA Facilities" section of this booklet.

Who do I call if I have more questions?

For more information on the Uniform Benefits Package, priority groups, or the application process, call toll-free 1-877-222-VETS (1-877-222-8387) or access information on the at www.va.gov/elig. At the Houston VA Medical Center, call the Eligibility and Enrollment Office at (713) 794-7288.

Emergency Care in Non-VA Facilities (Mill Bill)

Congress recently provided VA with new authority (called the Mill Bill) to pay for emergency care in non-VA facilities for veterans enrolled in the VA health care system. The new benefit will pay for emergency care rendered for nonservice-connected conditions for enrolled veterans who have no other source of payment for the care. However, VA will only pay to the point of medical stability.

How do I qualify?

This benefit is a safety net for enrolled veterans who have no other means of paying a private facility emergency bill. If another health insurance provider pays all or part of a bill, VA cannot provide any reimbursement. To qualify, you must meet all of these criteria:

You were provided care in a hospital emergency department or similar facility providing emergency care.

You are enrolled in the VA Health Care System.

You have been provided care by a VA health care provider within the last 24 months (excludes C & P, Agent Orange, Ionized Radiation and Persian Gulf exams). You are financially liable to the provider of the emergency treatment for that treatment.

You have no other form of health care insurance.

You do not have coverage under Medicare, Medicaid, or a state program.

You do not have coverage under any other VA programs.

You have no other contractual or legal recourse against a third party (such as a Workman's Comp Claim or a Motor Vehicle Accident) that will pay all or part of the bill.

VA or other Federal facilities were not feasibly available at time of the emergency.

The care must have been rendered in a medical emergency of such nature that a prudent layperson would have reasonably expected that delay in seeking immediate medical attention would have been hazardous to life or health.

Should I cancel my current insurance to meet these requirements?

VA encourages you to keep all current health insurance coverage. If you cancel your current insurance, your spouse may not retain health insurance coverage and spouses of veterans generally do not qualify for VA health care. Cancellation of current insurance coverage could result in you being disqualified for reinstatement based upon any pre-existing illnesses. If you are covered by Medicare Part B and you cancel it, it cannot be reinstated until January of the next year. If you are covered by a program or plan that would pay for the emergency care received, you would not qualify for this benefit.

What is the timeline to file?

Veterans have a responsibility to ensure that the VA Transfer Center is notified immediately upon any hospital admission. The HVAMC Transfer Center Coordinator can be reached during regular business hours at (713) 794-7109. If you are calling after hours, dial (713) 791-1414, ext. 3808 and ask to speak to the Medical Administrative Assistant on duty. Claims must be filed with the appropriate VA Medical Center within 90 days of the discharge date of medical service; otherwise, the claim will be denied because it was not filed in a timely manner.

What type of emergency services will VA cover?

VA will reimburse health care providers for all medical services necessary to stabilize your condition up to the point you can be transferred to an approved VA health care facility.

Do I need to get approval before going to the emergency room?

No. If you are an eligible veteran, and a VA facility is not feasibly available when you believe your health or life is in immediate danger, report directly to the closest emergency room. If hospitalization is required, you, your representative, or the treating facility should contact the nearest VA within 24 hours to arrange a transfer to VA care by calling the VA Transfer Center at (713) 794-7109.

How long will I stay in the private hospital?

If you are hospitalized, and the VA is notified, the VA will be in regular contact with your physician at the private hospital. As soon as your condition stabilizes, the VA will arrange to transport you to a VA, or VA-designated facility.

What if I do not wish to leave the private facility?

VA will pay for your emergency care services only until your condition is stabilized. If you stay beyond that point, you will assume full responsibility for the payment of costs associated with treatment.

Will I have to pay for my ambulance bill to the non-VA facility?

If the VA accepts responsibility for the emergency room visit and/or admission, the ambulance will be paid from the scene of the incident to the first non-VA facility providing necessary care.

Will I have to pay for an ambulance from the non-VA facility to a VA facility?

Yes. The VA is only authorized to pay for an ambulance to go from the scene of the incident to the first non-VA facility providing necessary care.

What if the private hospital bills me for services?

If you are billed for emergency care services, contact the HVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883, and a representative will assist you in resolving the issue.

What if I am the victim of a crime?

If you are a victim of a crime, the claim must be filed with your local municipality because the state of Texas has various victim relief funds available. These claims cannot be supplemented by a payment from the VA.

What documents are required by VA to process claims for emergency care in non-VA facilities?

The following page contains a list of documents necessary for the VA to process claims for emergency care in non-VA facilities. Remember, there is a 90-day deadline to file a Mill Bill Claim once you have been discharged from the

Emergency Room/Hospital. Please submit all of the documents as a packet to the HVAMC Fee Basis Mill Bill office. The address is: HVAMC, 2002 Holcombe Blvd, ATTN: 04FRM (Mill Bill), Houston, TX 77030-4298.

Who do I call for more information?

For more information about emergency care in non-VA facilities, please call the HVAMC Fee Basis Mill Bill office at (713) 791-1414, ext. 3883.

Documents Required by VA to Process Claims for
Emergency Care in Non-VA Facilities (Mill Bill)

NAME: (Last, First, Mi) _____

SSN: _____

DATE OF ADMISSION / ER VISIT: From _____ Through _____

Non-VA Emergency Room Visit And/Or Hospitalization

HCFA Form UB-92 (pink and white Medicare Billing Form) from the Hospital
Business Finance Office

Itemized Billing Statement from the Hospital Business Office

A complete copy of All Medical Records pertaining to the admission through the
date of discharge for this ER Visit/Hospitalization

Provider Insurance Certification Statement from either the veteran or the vendor

Ambulance Provider HCFA Form 1500 (pink and white Medicare billing form)

Ambulance Provider Insurance Certification Statement

Ambulance Trip Ticket/Run Report

ALL OTHER Provider/Physician HCFA Form 1500s

ALL OTHER Provider/Physician Insurance Certification Statements

Remember, there is a 90-day deadline to file a Mill Bill Claim once you have
been discharged from the Emergency Room/Hospital.

Please submit ALL OF THE ABOVE ITEMS as a packet to the Houston VA Medical
Center Fee Basis Mill Bill office. The address is: HVAMC, 2002 Holcombe Blvd,
ATTN: 04FRM (Mill Bill), Houston, TX 77030-4298.

For more information about emergency care in non-VA facilities, please call the
Houston VA Medical Center Fee Basis Office at (713) 791-1414, ext. 3883.

Charges & Co-Payments

What are the four basic types of co-payments?

There are four basic types of charges:

Medication ? Prescription co-payment charges are established by the U.S. Congress. The charge is \$7 for each 30 day or less supply of medications provided on an outpatient basis for nonservice-connected conditions.

Outpatient ? The co-payments will be based on primary care visits (\$15) and specialty care visits (\$50).

Inpatient ? Congress determined the appropriate inpatient co-payment should be the current inpatient Medicare Deductible Rate (\$840 in 2003) for the first 90 days that you remain in the hospital plus a \$10 per diem charge.

Long Term Care ? VA charges for Long Term Care Services vary by type of service provided and the individual veteran's ability to pay.

If I am enrolled, what cost will there be for me?

There is no monthly premium required to use VA care. Most nonservice-connected veterans and noncompensable 0% service-connected veterans are required to complete an annual means test or to agree to pay VA the applicable co-payment. The means test is based on their family's income and net worth.

Some veterans are required to make co-payments for their care and medications. Veterans are requested to provide health insurance information. In 1985, the U.S. Congress passed Public Law 99-272 (Medical Care Cost Recovery Act) authorizing the Department of Veterans Affairs to bill third party health insurance carriers for medical care provided to veterans for treatment of their non-service connected disabilities.

VA is required to submit claims to insurance carriers for treatment of all nonservice-connected conditions. Reimbursement received from insurance carriers is retained at the Houston VA Medical Center. These funds are used to provide additional health care services to veterans here.

Will I have out-of-pocket expenses?

You may be responsible for making co-payments in some cases. Co-payments are determined according to the eight VA priority groups (see the "Eligibility" section of this booklet). The dollar amounts of co-payments are updated annually and are set by Congress.

How are the co-payments calculated?

Veterans with no service-connected disability or veterans with non-compensated 0% service-connected disability may be required to make co-payments for care received at the VA if he or she has a combined family income above the levels specified below. Some health insurance plans may pay for care received at the VA.

The following income levels are used to determine co-payment for outpatient or inpatient services, not including prescription drugs:

Veterans with no dependents and have an income of \$24,645 and above will require a co-payment.

Veterans with one (1) dependent and have an income of \$29,577 and above will require a co-payment.

Add \$1,653 to income levels for each additional dependent.

What is the three-tier co-payment system for outpatient services?

On December 6, 2001, VA implemented a three-tier co-payment system for outpatient services. This primarily affects Priority 7 and 8 enrollees.

The first tier covers preventative care and will cost veterans nothing. Care includes flu shots, lab tests, some radiology services, hepatitis C screening and other preventative services.

The second tier covers primary care outpatient visits and requires a \$15 co-payment per day regardless of the number of primary care visits on a given day.

The third tier includes specialty outpatient surgery, audiology, and optometry. This care requires a referral from a primary care provider and will cost \$50 per day. Many times medical consults to such specialty clinics as dermatology, cardiology, etc. also have a co-payment attached. Contact the HVAMC Enrollment Office at (713) 794-7288 if you have questions about your situation.

Veterans with income, below VA national income threshold, and assets, which exceed \$80,000, may be required to make a co-payment. For example, if you have income of \$20,000 and savings of \$65,000, the total would be \$85,000; which may require a co-payment. Medical deductions, which you have paid, may reduce your income amounts. Be sure to complete the Medical Deductions section on the enrollment application.

What are the medical expense deductions?

Medical expense deductions (veteran, spouse and minor children) are subtracted from income. Medical expense deductions are those expenses not covered by insurance and which you had to pay from your personal funds.

Medical expenses include doctor or hospital bills, payments for prescription medicines, dental and eye expenses, travel to and from medical facilities, health insurance premiums, and other health related expenses. If you have had family medical expenses during the previous calendar year, be sure to specify the amounts on the enrollment application. All medical expenses are subject to a deductible (based on number of dependents), which will be deducted from the Non-reimbursed Medical Expenses you claim.

How is the co-payment for prescription drugs calculated?

The following income levels are used to determine co-payment for prescription drugs:

Veterans with no dependents and an income of \$9,691 or above will require a co-payment.

Veterans with one (1) dependent and an income of \$12,693 or above will require a co-payment.

Are there exceptions for the prescription drug co-payment?

If you are a veteran with a 50% or greater service connected disability, there will be no charge for medications. If you have a service-connected disability rated at up to 40%, there will be no charge for prescriptions for your service-connected condition. However, there may be a co-payment for those prescriptions not related to your service-connected condition. If you are receiving a VA NSC Pension, there will be no charge for medications.

What is the co-payment for prescriptions?

Effective February 4, 2002, co-payments are presently at the rate of \$7 per prescription for each 30-day (or less) supply. However, there is an \$840 yearly cap for veterans enrolled in Priority Groups 2 through 6. There is no annual cap for veterans enrolled in Priority Group 7 or 8.

Who pays for my hearing aids and eyeglasses?

Hearing aids and eyeglasses generally require a service-connected disability rating of 10% or more. Nonservice-connected veterans with a pension, Housebound veterans, Aid & Attendance veterans are also eligible. Hearing aids and eyeglasses are usually not provided to nonservice-connected veterans for generally occurring hearing or vision loss.

What about dental care?

Please see the Dental Care section in this booklet.

What about co-payments for Long Term Care?

For information about Long Term Care co-payments, contact the HVAMC Enrollment Office at (713) 794-7288.

Do enrolled veterans have to pay the deductibles that their insurance carrier requires when treated at VA?

No. VA does not require veterans to pay those charges. In fact, many insurance companies will apply VA co-payment charges toward satisfaction of their annual deductible.

I can't afford to make co-payments. What should I do?

There are two options. The first option is to request a waiver for paying the co-payments you currently owe. If you request a waiver, you must submit proof that you can't financially afford to make payment to the VA. This process could take several months. Please contact the HVAMC Medical Care Cost Recovery Coordinator at (713) 794-7796 for more information.

The second option is to request a hardship determination, so we will not charge you in the future. If you request a hardship, you are asking VA to change your Priority Group status. You will need to submit current financial information, and a decision will be made based on the information you provide.

Who do I call for more information?

For the current co-payment rates and to have your specific co-payment questions answered, contact the HVAMC Enrollment Office at (713) 794-7288. If you are looking for general information, visit <http://www.va.gov/revenue/overview.cfm> on the .

Primary Care

Primary Care, known at the HVAMC as Prime Care, means having one provider in charge of your health care. Prime Care Providers are Family Practice or Internal Medicine Physicians, Nurse Practitioners, and Physician Assistants. The Prime Care Provider is supported by a team of nurses, clerks, social workers, dietitians, pharmacists, and other skilled professionals who assure you receive well-coordinated high quality care.

The Houston VA Medical Center operates an active Prime Care Clinic that logs nearly 600,000 visits each year. Satellite outpatient clinics in Lufkin and Beaumont provide care to veterans outside of Houston.

What is my Prime Care Provider responsible for?

Managing any acute and chronic health problems you may have

Health promotion and prevention services

Immunizations

Coordination of your health care

Women's health services (you may elect to receive this care at a VA Women's Health Clinic)

Referrals for VA specialty care and services such as Audiology, Optometry, Urology, Orthopedics, etc.

Management of your medications

Office visits for acute and chronic medical illnesses and periodic physical exams

How do I get the most out of my VA health care?

To get the most from your visit with your Prime Care Provider, bring a list of medications and vitamins you are taking; tell your health care provider

everything you think or feel about your diagnosis and treatment plan; ask questions about your tests, medications, side effects, or symptoms; and know your personal and family medical history.

Do I have to check in when I have a Prime Care appointment? Do I have to stay in the clinic area during my wait?

You are asked to check in at your assigned station in the Prime Care Clinic and remain there until called for your appointment. When you leave the waiting area and are not available when called, you may be skipped and the next patient on the list may be called. You, then, may face a longer wait time because you must be worked into the schedule later in the day.

What kind of privacy do I have when I talk with my Prime Care Provider?

In order to protect the privacy of all veterans, please do not enter the examination area unless you are escorted by a Prime Care staff member. You are strongly discouraged from walking into the exam areas to find a provider, social worker, or nurse. If you need assistance, check in at the clerks' station and the clerks will contact the staff member you are looking for. Because of the limited space in the exam rooms, only one family member should accompany the patient into see his or her health care provider. All other family members are asked to wait in the waiting area.

How do I find out who my Prime Care Team is?

If you have already registered with the HVAMC, you can find out your Prime Care Team by calling the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137. If you are at the Medical Center, stop by the Information Desk and they can help you. If you are not registered with the HVAMC, you must first register at the Admissions/Registration Office located near the Emergency Room on the first floor.

You may also apply via the www.va.gov/elig. The form you will complete to apply for enrollment is called the 10-10 EZ.

Can I walk in and see my Prime Care Team anytime?

Just like any private doctor's office, the HVAMC Prime Care Teams are designed to see patients by appointment. When you are enrolled in Prime Care, the staff is available to answer your health care questions and concerns by telephone. The name and telephone number of your Prime Care Team is on the inside, front cover of this booklet.

Please call your assigned team rather than walking into the clinic to ask questions. It's important to make sure the Prime Care Team has your most current telephone number and address. When leaving a message, give all information that is pertinent to your present problem or concern. Please give your name, full social security number, and a telephone number where you can be reached. Allow 24 hours for a response.

Who do I call if I have a problem after hours?

If you have medical problems after hours and cannot wait until your next appointment, you can talk with registered nurses, pharmacists, and administrative clerks at our VA Network Telecare Center by calling (713) 794-8985 or toll-free 1 (800) 639-5137.

VA Network Telecare Center

Help is just a telephone call away. Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your health care questions 24/7. That's right - 24 hours a day, seven days a week. If you have

medical questions or concerns, and cannot wait until your next appointment, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

The South Central VA Health Care Network created its Telecare Center as part of its on-going efforts to provide veterans with timely health care information. All telephone calls are answered by a staff of professionals who are experienced in telephone assessment of medical situations and crisis intervention. To help veterans who call, nurses use their training and experience as well as other readily available resources.

Telecare nurses provide both medical and emotional support. They are trained to provide symptom analysis, instruct on first aid procedures, help with stress and anxiety, answer medication questions, explain lab test results, educate patients about specific diseases, and check appointments.

What is the purpose of the VA Network Telecare Center?

The purpose of this service is to provide veterans with timely access to information concerning your health care. A call to the Telecare Center might also help a veteran avoid a long emergency room wait.

The VA Network Telecare Center is very beneficial to veterans who are already enrolled in the system because the nurses can review patient records and document care for veterans in the system. Non-enrolled veterans or anonymous callers may receive emergency assistance, and they will be referred to community resources after being given enrollment information.

Should I call if it is a life-threatening emergency?

No. The VA Network Telecare Center is not for life-threatening emergencies. If you have a life-threatening emergency, immediately call 911.

What information will I need to call?

You will be asked for your name, Social Security Number, the VA medical center you usually visit, and the reason for your call. You might also be asked some additional identifying information in accordance with the new Privacy Act regulations.

I have a complaint. Should I call the Telecare Center?

No. The VA Network Telecare Center is not a complaint line. Please limit your calls to questions about your health.

Who should I call if I have a health care complaint?

Contact your local VA medical center and ask to speak with a patient advocate. In Houston, the telephone number is (713) 794-7884. In Beaumont, please call (409) 981-8550, ext. 113, and in Lufkin, the telephone number is (936) 633-2753.

Make /Change an Appointment

If you are already enrolled in the VA system and you need an appointment at the Houston VA Medical Center, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137.

It is very important for you to keep your scheduled appointments. If you cannot use the slotted time, another veteran might be able to do so. If, for some reason, you cannot keep your appointment, please immediately call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137 and reschedule.

Urgent Care

In any serious emergency, call 911 immediately.

What if I have an urgent, but not threatening health care need?

For urgent, but not life-threatening, health care needs, contact your Prime Care Provider. His or her name and telephone number are on the front, inside cover of this booklet.

Except for medical emergencies, all VA health care is provided through scheduled appointments. If you need to be seen prior to your next scheduled visit, call your Prime Care Team. An appointment will be scheduled appropriate to the urgency of your medical issues. Remember, the first person you speak to needs to have as much information "up front" in order to direct you to the right person in the timeliest manner and to prioritize correctly.

Professionally trained registered nurses at the VA Network Telecare Center are ready to help answer your non-emergency, health care questions 24 hours per day, 7 days a week. In Southeast Texas, dial (713) 794-8985 or toll free 1 (800) 639-5137.

Prescriptions

Can VA fill my prescriptions from a private provider?

The VA will provide medications that are prescribed by VA providers in conjunction with VA medical care. VA will not fill or rewrite prescriptions prescribed by your private physician.

What should I know about my medications?

To take medications safely and effectively, ask yourself if you can answer these questions about your medications:

What is the name of the medication?

What is it supposed to do?

How do I take the medication?

Should I expect any side effects?

Have I told my health care provider about my allergies to foods or medications?

Should I avoid alcohol or certain foods?

What about my other medications?

How do I get prescription refills?

What should I do if I have side effects?

If you have side effects, call the VA Network Telecare Center at (713) 794-8985 or toll free 1 (800) 639-5137. Or call the HVAMC Pharmacy Helpline at (713) 794-7653. Or call your Prime Care Team at the telephone number you have written down on the inside cover of this booklet.

How should I store my medications?

Medications should be stored in a cool, dry place unless the bottle says to refrigerate.

Why won't the VA fill my prescriptions from a private provider?

Medications are an important part of your health care. Managing medications is serious business. Medications need to be monitored and some require ongoing laboratory tests. Multiple medications taken together can cause dangerous side effects or become ineffective because of the combination of drugs. Some medications can cause side effects even without other medications being

involved. Because of these risks, your VA provider cannot prescribe medications without managing your health care.

What is a drug formulary?

Medications are selected by your VA provider from a list of approved drugs (the VA "formulary"). A drug formulary is a list of medications that are readily available for use within our facility. The formulary helps to prevent duplication in the same medication class, reduces health care costs, and provides the best possible care to you. Drugs that are not on the VA formulary are generally not available; but in most cases, there is a drug on our formulary that can be substituted safely.

What if the drug I am currently taking is not on the VA formulary?

If the drug you take is not on the VA formulary, there is at least one similar product already there. Most of the time our providers can change you to our alternative formulary product without a major change in your condition. Our alternative formulary products are equally effective to non-formulary medications.

If my outside doctor prescribes a medication that is not on the VA formulary, can I obtain the drug through the VA pharmacy?

The VA does not have a "medication-only program." In order to receive medication from the VA pharmacy, you will need to be followed regularly in the VA Prime Care Clinic. Our providers cannot automatically rewrite prescriptions for non-formulary medications originally prescribed by your private doctor.

Patient safety is our utmost concern. Specific documentation must be provided by your community provider in order for you to obtain a non-formulary medication from the VA. This documentation must include past medical history, medication history and recent laboratory results.

How will my request for a non-formulary medication be handled?

If a non-formulary medication is necessary for your treatment, your VA provider will submit a non-formulary drug request along with your prescription to the Outpatient Pharmacy for processing.

The non-formulary drug request must be reviewed by a physician executive, and is either approved (and forwarded to the pharmacy to be filled) or disapproved (and forwarded back to the provider with suggestions on alternative therapies). One of the most common reasons that requests are initially disapproved is the lack of documentation. It is extremely important for you to provide complete medical records and medication history.

What do I do if I am running out of my medication?

Your provider will make sure that you have enough refills to last until your next appointment. If you find that you are running out of medication and have no refills left, please contact your Prime Care Team at least two weeks before you will run out.

To avoid the risk of running out of medicine, always be sure to order your refills at least two to three weeks before you need them.

How do I get my prescriptions?

When your health care provider orders a new prescription, tell him whether you wish to wait and pick it up at the pharmacy, or you would rather have it mailed to you. Refills are always sent by mail except for items requiring constant refrigeration.

What do I do about expired prescriptions?

When a prescription has no refills remaining or has expired (over a year old), please contact your Prime Care provider to have the prescription reordered. The name and telephone number of your Prime Care Team is located on the front, inside cover of this booklet.

If you cannot locate that information, contact the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

Who do I talk to if I have questions about my medications?

If you have any questions about how to take your medication, the possible side effects, or any precautions you should take, please ask your Prime Care provider or a pharmacist.

Prescription Refills

There are several easy and fast ways to receive your medications from the Houston VA Medical Center. When your health care provider orders a new prescription, tell him whether you wish to wait and pick it up at the pharmacy or you would rather have it mailed to you. Refills are always sent by mail except for items requiring constant refrigeration. To avoid the risk of running out of medicine, always be sure to order your refills at least 2-3 weeks before you need them.

Consolidated Mail-out Pharmacy

First, you can stop by the HVAMC Outpatient Pharmacy, located on the first floor by the East elevators, and speak with our professional pharmacy staff about requesting your refills by mail from our Consolidated Mail-out Outpatient Pharmacy (CMOP) Center located in Murfreesboro, Tennessee.

Hours of Operation

The HVAMC Outpatient Pharmacy is open Monday through Friday, 8 a.m. to 8 p.m. On Saturdays, the hours of operation are 8 a.m. to 4 p.m. The pharmacy is closed on Sundays and most federal holidays.

When your health care provider orders a new prescription, tell him whether you wish to wait and pick it up at the pharmacy or you would rather have it mailed to you. Refills are always sent by mail except for items requiring constant refrigeration.

Automated Telephone System

Second, HVAMC Pharmacy's Automated Telephone Prescription Refill System is available seven days a week, 24 hours a day. The telephone number is (713) 794-7648 or toll-free 1 (800) 454-1062. You will need a touch-tone phone, your social security number, and your prescription number. Your prescription number is located on the top left corner of your prescription container.

Pharmacy Telephone Helpline

If you are having trouble using the automated refill line, the HVAMC Pharmacy Telephone Helpline is available Monday through Friday from 8 a.m. to 4 p.m. by dialing (713) 791-1414, extension 2421 or (713) 794-7653. A pharmacist is available to answer any questions you have concerning how to order your refills and any questions concerning your medications.

By Mail

Third, to request refills when you do not have the computerized refill slip, just mail us your request in the form of a letter. This letter should contain your complete name, social security number, and the prescription number or name of the medication. Mail your request to HVAMC 580/119, 2002 Holcombe Blvd., Houston, TX 77030-4298.

Drop-Off Box

Finally, for those patients who just need to drop their refill requests off and do not need to speak with the pharmacy staff, a drop box is available near the HVAMC Outpatient Pharmacy turn-in window. The drop box is located on the first floor by the East elevators.

Dental Care

Outpatient dental benefits are provided by the Department of Veterans Affairs according to law. In some instances, the dental care may be extensive, while in other cases treatment may be limited. This section describes the outpatient dental eligibility criteria and contains information veterans should know in order to understand eligibility for VA dental care.

Who is eligible?

Veterans are eligible for outpatient dental treatment if they are determined by VA to meet one of the following criteria:

Those having a service-connected compensable dental disability or condition are eligible for any needed dental care.

Those who were prisoners of war for 90 days or more and those whose service-connected disabilities have been rated at 100 percent, or who are receiving the 100 percent rate by reason of individual unemployability are eligible for any needed dental care. (Includes veterans with temporary ratings of 100 percent for duration of that rating.)

Those who are participating in a VA rehabilitation program are eligible for dental care necessary to complete their program.

Those having a service-connected noncompensable dental condition or disability may receive one-time treatment if it can be shown to have existed at the time of discharge or release from active duty of at least 180 days and application is made within 90 days of separation from active duty.

Those having a service-connected noncompensable dental condition or disability resulting from combat wounds or service trauma and those having a service-connected noncompensable dental condition or disability and were prisoners of war for less than 90 days are eligible for repeat care for the service-connected condition(s).

Those having a dental condition clinically determined by VA to be currently aggravating a service-connected medical condition are eligible for dental care to resolve the problem.

Those with nonservice-connected dental conditions or disabilities for which treatment was begun while in a VA medical center, when it is clinically determined to be necessary to complete such dental treatment on an outpatient basis.

Those receiving outpatient care or scheduled for inpatient care may receive dental care if the dental condition is clinically determined to be complicating a medical condition currently under treatment.

Are there exceptions?

Veterans of the Gulf War may receive one-time dental treatment if the dental condition can be shown to have existed at discharge or release from active duty of at least 90 days.

Co-Managed Care: VA and Private Physicians

Can I receive care from both a VA and local community health care provider?

Yes, but if you do, you will want to participate in VA's Co-managed Care. Co-managed Care is when you and your VA health care provider team up with your community health care provider and agree to work together and share information about your health care. This ensures that any treatments, medications, or supplies VA provides are what you need and are safe for you. VA will not reimburse you for medications you purchase at a community pharmacy.

How do I participate in Co-Managed Care?

To participate in Co-managed Care, you should ask to be assigned to a VA Prime Care Team who will monitor, diagnose, and treat your medical problems and change your treatment, if needed. You must give the VA the name, address, and telephone number of your community health care provider. Ask your community health care provider for a copy of your medical information and reports and bring them with you to your first VA appointment. The information will help your VA health care provider understand the status of your health care.

Can I get my prescriptions filled at the VA and not see VA doctors?

Please remember that the VA cannot be used only as your pharmacy. VA health care providers need to review and follow your care before prescribing medications and supplies. Your VA provider is responsible for prescribing medications that are safe and effective. Sometimes, it is necessary to have blood tests done or to visit the clinic more frequently to make sure your medications are working well and not causing you any problems. In most cases, this kind of monitoring must be done at a VA facility.

Can I get a form to give to my community doctor about my VA prescriptions?

The next page of this booklet contains a letter you should ask your community health care provider to fill out.

What should I bring to my first appointment with a VA health care provider?

A Check List of the documents you should bring with you from your community health care providers to your first appointment with a VA health care provider is provided on the page after next in this booklet.

Department of Veterans Affairs
Medical Center
2002 Holcombe Blvd.
Houston, TX 77030

Date:

In Reply Refer to: 580

Subject: Non-formulary/Restricted Medication Alternatives

Dear Community Health Care Provider:

Your patient,
, has established primary care services at the Houston VA Medical Center and would like to begin receiving prescription medication benefits through the VA Pharmacy. One or more of the medications that you have prescribed for this patient is not on the VA formulary (or their use is restricted). We have several therapeutic alternatives available in most cases. Please refer to the chart below and circle the formulary alternative(s) that is (are) best for your patient. If you feel that your patient is not a candidate for a formulary alternative(s), the VA Pharmacy will need certain documentation in order to approve the drug(s) for your patient. Please note the documentation that is necessary for each medication. Please return THIS form, along with any supporting medical documentation to justify the need for a non-formulary/restricted drug(s).

TO THE PATIENT: The patient should bring this information with him/her to the next scheduled VA Prime Care appointment.

Requested
Medication
VA formulary
Alternative(s)
Documentation necessary to justify use of non-formulary medication
Atorvastatin Cerivastatin
Pravastatin
Lovastatin
Simvastatin*
Failure to meet cholesterol goal while on 80mg simvastatin or equivalent for 6 weeks
Side effects from formulary agents
Pravastatin is available to our patients taking protease inhibitors
Celecoxib, Rofecoxib
Acetaminophen
Naprosyn
Etodolac
Nabumetone*
Ulcer on formulary agents
Concurrent use of high dose steroids
Concurrent use of warfarin
Failure of scheduled doses of acetaminophen (4 grams/day)
Clopidogrel
Aspirin
Aspirin allergy
Stroke while taking aspirin
30 day use after stent procedure
Rosiglitazone
Pioglitazone

Glyburide with or
without metformin
Glipizide with or
without metformin
Failure of maximum doses of formulary agents (side effects or HgbA1 C > 8.5)
Contraindication to metformin
Tamsulosin
Terazosin
Side effects (low blood pressure, dizziness, or near fainting spells) while on
formulary agent
Tramadol
Acetaminophen with codeine
Acetaminophen with oxycodone
Allergy to codeine or derivatives
Side effects from codeine or derivatives
Zolpidem
Trazodone
Lorazepam
Temazepam
PTSD history
Substance abuse program completion
Side effects to or failure of formulary agents

* These drugs are available as second-line alternatives (failure of first-line
agents is required).

Sincerely,
Houston VA Medical Center Provider

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Houston VA Medical Center
Co-Management Check List

The VA will notify you, either by telephone or mail,
about the date of your first VA appointment.
Bring these documents with you to your first appointment
with your VA health care provider.

Problem List From All Your Providers
Medication Bottles Or Prescriptions
 Including Over-The-Counter
 (Not More Than 1 Year Old)
 From All Your Providers

Most Recent Physical
Most Recent ECG
Most Recent Lab Procedure Reports
Endoscopy And Stress Tests
Discharge Summaries From Hospitalizations
 (During The Last 2 Years)

Dates Of Immunizations
Most Recent Progress Notes
 From All Your Providers

Transportation

Transportation to and from the Houston VA Medical Center from outlying areas is
available by way of vans operated by various veteran service organizations.
Call the telephone numbers listed below for availability, pick-up point, and
schedule information. It is a good idea to call the day before your appointment
to arrange your ride.

Lufkin Vans, (936) 633-2750
Beaumont Vans, (409) 981-8550
Bay City Van, (979) 323-9235
Cleveland Van, (281) 592-7230
El Campo Van, (979) 578-8387
Harris County Precinct #2, (281) 452-6071

Informed Consent

Can I refuse medical treatment?

Every veteran has the right to accept or refuse treatment based on informed
participation in decisions involving his or her health care. This process of
informed consent requires a practitioner to carefully describe a procedure or
treatment such that the patient, or the patient's surrogate decision-maker:

Understands the nature of the treatment or procedure.
Understands the benefits and risks of the treatment.
Understands the alternatives to the proposed treatment or procedure.
Understands the expected outcome if the treatment or procedure is declined.
Is offered the opportunity to ask questions.

and

Is allowed to make a decision freely without coercion or duress.

How do consent forms work?

Consents are valid for up to 30 days providing there is no change in the patient's condition that might alter the treatment decision, the effect on the patient, or may constitute an increased risk. Signature consent is not required for administration of most drugs or the performance of minor procedures. However, the practitioner must discuss these treatments or procedures with the patient and should document the discussion in a progress note.

What happens when there is a loss of decision-making capacity?

The patient's right to accept or refuse treatment is not diminished by a loss of decision-making capacity that may be due to physical or mental impairment, disease, influence of medications, intoxicants or unconsciousness.

A surrogate decision-maker must be identified who will assume this responsibility using substituted judgment. If feasible, the proposed treatment or procedure should be explained to the patient even when the surrogate decision-maker has given consent.

How is a surrogate decision-maker selected?

The surrogate decision-maker is selected based on the following priority:
Health care agent as named in a Durable Power-of-Attorney for Health Care (DPAHC) executed by a patient when s/he possessed decision-making capacity.
Court-appointed (legal) guardian of person or for medical decision-making.
Spouse.

Consensus of children who must be 18 years of age or older.

Parent.

Consensus of siblings who must be 18 years of age or older.

Grandparent.

Grandchild who must be 18 years of age or older.

Close friend or relative not listed above who must be 18 years of age or older and familiar with patient's activities, health, religious beliefs and values. A close friend must present a signed written statement to be filed in the medical record that describes (with specific examples) that person's relationship to and familiarity with the patient which must be concurred with in the medical record by Social Work Service.

If none of the above surrogate decision-makers are available, then the attending physician and the HVAMC Chief of Staff or designee can authorize consent for a treatment or procedure except for consent to withhold or withdraw life-sustaining treatment that requires review by the Ethics Committee and the Chief of Staff. Consideration is given to whether the appropriate court should be petitioned to appoint a guardian.

What happens in a medical emergency?

In medical emergencies, the patient's consent is implied by law. The practitioner may provide necessary medical care in an emergency situation if immediate medical care is necessary to preserve life or prevent serious impairment when the patient is unable to consent to the treatment or procedure, and the patient has no surrogate or the practitioner determines that the waiting time to obtain consent from the patient's surrogate would increase the hazard to life or health of the patient or others.

Advance Directives

Taking care of yourself and your family means making decisions about medical care while your health allows you to do so.

Although death comes to everyone, many of us tend to fear its approach and may avoid confronting the issues surrounding the end of life. Nevertheless, it is important for each person to document his or her wishes in writing prior to serious illness or physical or mental disability. Otherwise, those wishes may not be known and cannot be honored, thus creating an unnecessary burden for loved ones.

What are advance directives?

Advance directives are written instructions in the form of a living will and/or durable power of attorney for health care. Advance directives do not go into effect until the signer loses decision-making capacity.

What is a living will?

A living will (health care treatment directive) is a legal document that communicates a person's desire concerning withholding and/or withdrawing medical treatment in the event that he or she suffers from an incurable and terminal condition. Living wills outline in advance, the treatment choices and instructions to be followed by caregivers if the signer cannot take part in

making health care decisions. It is called a "living will" because it must be signed with the same type of formality as a regular will, but the provisions take effect before death.

What does a living will do?

It may spell out specific measures that the person wishes, or does not wish, to have taken to extend life when he or she is clearly dying. It may specify the use or non-use of breathing machines, feeding tubes, oxygen, intravenous fluids, or other medications. It may list specific illnesses or conditions (persistent vegetative state, coma, terminal illness with no hope of recovery or cure, end-stage dementia) under which the provisions of the living will are to go into effect.

A living will must be witnessed to be legal; therefore, a person must be competent when he or she signs it. Requirements vary from state to state, but usually the witnesses must be unrelated to the patient, cannot be creditors or heirs to the patient's estate, and cannot be the patient's doctor. It is wise to prepare a living will at a time when you are healthy, not when you have been seriously ill or are in the hospital.

Most states have laws that recognize advance directives. Not all states do; however, and living wills may not always be binding. Some states do not recognize living wills that have been drafted in other states. You need to be familiar with the laws in your state.

What is a durable power-of-attorney for health care?

A durable power-of-attorney for health care (DPAHC) designates a family member or friend to follow the person's wishes and to make medical decisions on his or her behalf should the signer lose decision-making capacity. It is more flexible and comprehensive than the living will, and is regarded by some as preferable. A durable power-of-attorney can be incorporated into a living will.

What about the legality?

For this document to be legal, the person must be competent at the time he or she signs it. Anyone with a progressive brain disorder such as Parkinson's disease or Alzheimer's may wish to draw up the DPAHC papers early in the illness. The duty of an agent in the durable power of attorney for health care is to follow the signer's wishes. In states that recognize such documents, families and physicians cannot override a living will or the agent of a DPAHC.

Who should have a copy?

Once signed, these legal documents should be kept in a safe place, but not in a safe deposit box where they may not be accessible when they are needed. It is a good idea to discuss your wishes with your friends, family members, and your physician. Providing these individuals copies of your living will or DPAHC also is advisable. Make sure the HVAMC has a copy of the documents is very important. In that case, should you become incapacitated, others will have access to the documents that express your wishes.

Where do I get more information?

The Choice in Dying organization will provide a copy of state-specific advance directives free to anyone who contacts them. Their address is Choice in Dying, 200 Varick Street, New York, NY 10014. Their telephone number is 1-800-989-WILL. Your state health department, local hospitals, or state bar also may be able to provide you with state specific advance directives. You may wish to consult your lawyer about advance directives and drawing up a durable power of attorney for health care or a living will and a regular will that conform to the laws in your state.

What happens if the person is already incompetent or physically unable to manage his or her own financial and medical affairs?

Some older people are unable to manage their own affairs due to medical illness or a mental impairment. The central issue is whether that person can understand and make decisions involving medical and financial choices. A person can be confused about time and place; nonetheless, may be able to understand his or her choices if they are carefully explained. It is also possible for an older person to be capable of making decisions about his or her health but not about finances. Physicians are often asked to evaluate the competency of a patient, but a doctor can only make a medical determination about someone's decision-making ability. A court must make any legal determination about competency.

What is a guardianship?

All states allow the courts to establish limited guardianships (also called conservator-ships) and unlimited guardianships.

A limited guardianship allows the appointed guardian to make decisions for someone in areas where the court has determined that the person lacks the ability to function. This type of arrangement is often made for managing finances. Someone judged incompetent for financial purposes is still able to make decisions regarding his or her health.

An unlimited guardianship removes all rights of the individual to vote, to decide where to live, and to manage his or her money and health. That person is said to be incompetent for all purposes and receives the protections generally given to a child.

What is the meaning of "resuscitate" and "do not resuscitate (DNR)?"

If you are in a clinic, hospital, or nursing home, you may be asked about a code status sheet. This will indicate to the staff what measures, if any, you want taken should you be found not breathing and without a heartbeat. Code status may be changed at any time.

What about CPR?

Cardiopulmonary resuscitation (CPR) was developed in the 1960s as a way to prevent sudden and unexpected death. When administered quickly, it is generally effective for heart attacks, drownings, drug overdoses, and similar acute situations. However, CPR is not generally as effective for people with chronic and severe illnesses or where death is expected to occur soon.

What is a full code?

A full code means that you want everything possible to be done to revive you. This includes administering chest compressions, electrical shocks, and medication (to start your heart) and putting- you on a ventilator (a machine to keep you breathing). This type of CPR has the most success but is still less successful for people with chronic medical conditions. Some people request a limited code, which usually excludes being put on a ventilator and is much less often successful.

When CPR is medically futile, your doctor should explain why. In those cases, a no code order (DNR for Do Not Resuscitate) may be written. It is important to recognize that a DNR order only pertains to not having CPR and does not limit other types of treatment. A person should receive all indicated medical and nursing care, even when CPR would be of no benefit. A discussion with your doctor about CPR is an excellent opportunity to review your overall medical condition and treatment plan.

Organ Donation

Does the HVAMC participate in organ donation?

The HVAMC is affiliated with the LifeGift Organ Donation Center.

Do I have to sign a consent form?

If an inpatient or their next of kin has consented to release their name and telephone number to the LifeGift Organ Donation Center; LifeGift will be notified of his or her death, or when he or she has been placed on a ventilator due to a severe brain injury.

The LifeGift Organ Donation Center will assess the medical suitability for donation of organs or tissues based on the patient's clinical history and diagnosis. The LifeGift Organ Donation Center will contact the next-of-kin to discuss organ and tissue donation and to ask for consent if the potential donor is determined to be medically suitable.

It is HVAMC's policy that families of potential donors be treated with the utmost respect and compassion, exercising discretion and sensitivity to their circumstances, religious and cultural beliefs, and desires during all of these discussions.

Where do I get more information?

For more information about the LifeGift Organ Donation Center, visit www.lifegift.org or call (713) 798-4930.

Allowance For Housebound

What is housebound allowance?

The VA's Housebound Allowance is an additional amount available to eligible veterans and dependents who are entitled to VA pension or VA compensation. For more information, call toll-free 1-800-827-1000.

Who is eligible for the housebound allowance?

A veteran, dependent spouse, or surviving spouse who because of their physical limitations, is unable to walk or travel beyond their home. This allowance may be granted for those unable to meet the requirements of the greater aid and attendance allowance. If their disabilities are severe enough to confine them to their immediate premises for the foreseeable future, they may be entitled to higher income limitations or additional benefits, depending on the type of benefit received.

How do I apply?

You should furnish a medical statement covering the findings, diagnosis and prognosis of any recent medical treatment or examination. The doctor's statement or medical report should describe how your ability to perform the personal functions of daily living, such as dressing, feeding, bathing, and attending to the needs of nature, is limited by your medical condition. It should also include the number of hours you spend in bed and describe your posture and general appearance. You may also furnish any other information indicating that you are unable to care for yourself or walk or travel beyond your home because of your condition.

Note: You are not required to incur the expense of the physical examination by a private physician in order to receive consideration. If the detailed medical information about your ability to care for yourself is not available from the doctor's or hospital's current records, VA may arrange for a physical examination.

Does this help me with medication expenses?

Veterans who have been adjudicated through the VA Regional Office for Aid and Attendance Compensation Pension, Allowance for Housebound, or approved by the HVAMC for Fee Basis are entitled to receive medications through VA Pharmacy without being assigned to a Primary Care Provider. The medication prescribed must be on the VA formulary.

CHAMPVA

What is CHAMPVA?

CHAMPVA is a health care benefits program for dependents of veterans who have been rated by VA as having a total and permanent disability; survivors of veterans who died from VA-rated service-connected conditions, or who at the time of death, were rated permanently and totally disabled from a VA-rated service-connected condition; and survivors of persons who died in the line of duty and not due to misconduct who are not otherwise entitled to DOD Tricare benefits. Under CHAMPVA, VA shares the cost of covered health care services and supplies with eligible beneficiaries.

Due to the similarity between CHAMPVA and TRICARE (formerly known as CHAMPUS--a program administered by the Department of Defense for military retirees as well as families of active duty, retired, and deceased service members), the two programs are easily and often mistaken for each other. For more information about TRICARE, call toll free 1-800-406-2832 or visit www.tricare.osd.mil on the .

What are the benefits of CHAMPVA?

In general, CHAMPVA covers most health care services and supplies that are medically and psychologically necessary. Medications are free; however, over-the-counter medications are not provided. CHAMPVA does not include dental or eye care. Upon confirmation of eligibility, applicants will receive program material that specifically addresses covered and non-covered services and supplies.

Where do I get more information about CHAMPVA?

On the , visit www.va.gov/hac/champva/champva.html. You can call CHAMPVA, which is managed by the VA's Health Administration Center, at 1 (800) 733-8387. In Houston, the CHAMPVA Coordinator can be reached at (713) 794-8728. However, the quickest way to obtain answers to questions is by sending an e-mail message to the following address: hac.inq@med.va.gov.

Participate in Your Care

How can I make the most of my health care appointments?

Arrive on time.

Keep an on-going list of questions or problems to ask your Prime Care provider. Bring the list with you to your appointment.

Be prepared to talk about any changes in your health. Keep a diary of things that are not normal such as pain, loss of appetite, frequent urination, lightheadedness, etc. Tell your provider about any unusual symptoms or lifestyle changes.

Ask about recent test results.

If you monitor your blood pressure, pulse, weight, or blood sugars at home, bring this record with you.

Bring your current medications or prescriptions (not more than 1 year old) with you. Include what you are taking, the reason, and how often you are taking them. This should also include non-prescription (over the counter) and herbal preparations. These "medications" can interact with your other medications and

also can have other effects on your health. Bring these items with you to all of your appointments.

Ask about your treatment options.

Tell your provider if you have had any recent medical care elsewhere.

Tell your provider if you think you need help from other members of the Primary Care team (nurse, social worker, dietitian, pharmacist).

Bring copies of recent medical records from any non-VA health care provider you are seeing in your community.

Bring something to take notes on at your appointment. If you are unable to or if you have trouble remembering things or trouble making sense of your provider's plan, bring someone with you to your appointment. If this is not possible, ask your provider or nurse to write out the plan for you to take home with you.

Admission Procedures

Where do I go for admission processing?

Admissions are processed by the Bed Control Clerk, located in Room 1A-801 in the Admissions Clinic. This office is on the first floor around the corner from the Wheelchair Check-out. The telephone number is (713) 791-1414, ext. 3789.

After registering, the Bed Control Clerk will locate a bed for you with the appropriate service. This process is handled after hours by the Medical Administrative Assistant (MAA) in the same room at the Registration/Sign-in counter (Station 1) in the Admissions Clinic. The telephone number is (713) 791-1414, ext. 3808.

What happens to my clothes and valuables when I am admitted?

Upon admission to the medical center, you will be asked to change into your pajamas and bathrobe. You will be supplied a hospital gown if you do not have pajamas. Please do not remove your slippers and go barefoot. For your own safety, always wear shoes or slippers. When leaving your room, please wear your bathrobe.

It is recommended that valuables such as credit cards, driver's license, jewelry, etc. be sent home with a relative or friend. Dentures should never be placed on meal trays or bedside stands, but placed in a clearly marked denture cup to avoid accidental discarding. Be sure to search the pockets of your pajamas and robe before sending them to the laundry.

Safekeeping of clothing and valuables is your responsibility. Misplaced or forgotten articles may not be recovered. The Houston VA Medical Center cannot assume responsibility for loss or damage to personal belongings kept in your room.

Should I bring my hearing aid?

Hearing aids are often lost, damaged, or misplaced in a hospital stay. Do bring your own hearing aid with you and wear it so you can hear medical center caregivers, but realize that you are fully responsible for it while you are an inpatient. It is important to bring along the hearing aid carrying case with your name and social security number inside. Store your hearing aid in the case any time you are not wearing the aid.

Do I get an ID bracelet?

Upon admission to the Houston VA Medical Center, an identification band will be fastened to your wrist. This wristband must be worn at all times, as treatment cannot be given to you without proper identification. In an emergency, this tag could save your life.

What do I do with the money I bring?

Please deposit all funds over \$10 with the Agent Cashier, Room 1B-308 next to Prime Care Clinic #4. The Agent Cashier Office is open 8 a.m. until 4:30 p.m.

During irregular hours, your money should be deposited with the Medical Administrative Assistant (MAA) located in the Patient Registration/Sign-In area (Station 1) in the Admissions Clinic, Room 1A-801. Arrangements for withdrawal of money must be made with the Patient Funds Clerk, Room 1B-306 between the hours of 8 a.m. and 4:30 p.m., Monday through Friday. The money you keep in your room is your responsibility.

Do I bring my medications with me?

Please do not bring any medications from home with you to the hospital unless requested by your physician. Any medication you bring will be returned to a family member. Your physician will order appropriate medications for you during your hospitalization and necessary medications will be furnished to you when you are discharged. However, it is a good idea to bring a list of your current medications.

Who do I talk to if I have questions or concerns?

Should you have any questions or concerns about your admission, please contact the Bed Control Coordinator at (713) 794-7109 or the Medical Administrative Assistant (MAA) at (713) 791-1414, extension 3808.

Your Hospital Stay

Patient Safety

Patient safety is of utmost importance. Medication, weakness caused by illness, and an unfamiliar environment can cause falls. If you are placed at bed rest and need something not at your bedside, please use the call button provided.

Calling Your Nurse

A button to call your nurse is located at your bedside. When you press the button, the nursing station is alerted that you need assistance and a light flashes above your door. A staff member will respond to your call as soon as possible either by intercom or in person. Your safety is one of our primary concerns; please let a member of your nursing staff know when you leave your unit.

Restrictions

Patients are expected to be at the bedside for doctors' rounds, laboratory rounds, and other treatments. Patients who wish to communicate with a hospital staff member should ask the unit clerk for assistance.

Face Mask

If your medical problem requires that you wear a facemask outside your room, please do not remove the mask and expose others, or yourself, to illness. Leave the mask in place at all times and follow your specific instructions from your health care provider.

Conduct and Behavior

Please be considerate of others and help us maintain a quiet atmosphere. Regulations do not permit the use of loud, abusive, or profane language; loud music or televisions; gambling, soliciting, bartering, or panhandling; or the sale, use, or possession of intoxicants or unauthorized drugs. If you should observe such misconduct by anyone, please report it immediately to a unit nurse. The VA Police are authorized to make arrests on the premises.

Patients may be given an irregular discharge from the medical center for the following reasons:

Violation of medical center rules

Leaving against medical advice (AMA)

Leaving the premises without authorized leave (AWOL)

Not returning by the stated time when on a pass

Non-compliance with treatment plan

Aggressive and/or abusive conduct towards staff and/or other patients

Using or possessing intoxicants or unauthorized drugs

Smoking

The Houston VA Medical Center is a smoke free facility. The designated smoking area is the ground floor terrace facing Old Spanish Trail.

Noise

Please be as quiet as possible. Loud sounds are disturbing to patients who are resting.

Meals

Good nutrition is the key to good health and an important part of your medical care and treatment. Your physician will order a regular diet or a modified diet, which will be planned to meet your medical requirements. Upon request, a registered dietitian will visit you to discuss your nutritional needs, eating habits, allergies, etc. If you are placed on a modified diet to continue after you leave the hospital, please request diet instructional materials. The nursing staff will consult the registered dietitian to provide the information to you and your caregiver before discharge or schedule an appointment for you with the Prime Care dietitian for a later date.

Visitors are requested to check with the nurse or registered dietitian before bringing food or snacks for patients to ensure that such items are included in the menu plan. Patients are asked to check with their nurse or registered dietitian before eating food brought in or purchased in the cafeteria, retail store, or from vending machines. Should you have a need to speak with a dietitian, please notify the nursing staff.

Breakfast is served daily from 7 to 8:30 a.m.; lunch from noon to 1:30 p.m.; and dinner from 5 to 6:30 p.m.

Fire/Disaster Drills

The Houston VA Medical Center has a fire and disaster plan in which all of the employees have been trained. Practice drills are held to ensure prompt and efficient action in the event of a real fire. If you hear fire bells, be calm and follow the instructions given to you by the nursing personnel in your area.

Patient Day Rooms

Patient day rooms are located on every nursing unit. Most nursing units also have dining rooms where patient activities also take place.

Televisions

Television sets are provided for your entertainment and comfort. Televisions are to be turned off by 10:30 p.m. Please notify the unit staff if you need this assistance.

Deaf Patients

TDDs and TV captioners are available by request. Ask the unit nurse to contact the Audiology Clinic as soon as you are admitted so these services are provided to you.

Telephones

Bedside telephones are provided to each patient. Incoming calls cannot be received at the bedside from 10 p.m. through 6 a.m. as the ringing mechanism is disabled during this time period. Local calls can be made any time from your room by dialing 97 and the telephone number.

To place a long distance telephone call, dial 97 + 00 to reach an outside operator. You will get an auto-attendant who will say, "Hospital Operator Service. For English, press 1, Para español, 2." When you press 1, the voice will say, "Enter the area code and number you are calling." After you enter the number, the voice will say, "For collect calls, press 1. To bill this call to a credit card or calling card, enter the card number now, or for a rate quote or to reach a live operator, press 0."

Do not dial 1 prior to entering the telephone number. When dialing direct, the auto-attendant will instruct you in placing the call.

Our telephone system will not allow the receipt of incoming collect calls. Calling cards may be purchased in the Canteen Retail Store.

You may tell your friends and family your telephone number is (713) 794- and the number on your telephone.

Passes

Under limited conditions, your physician may allow you a short period of authorized absence from the HVAMC. If you are permitted to have an authorized absence, you must return to your unit by the specified date and time or you will be administratively discharged.

Courtesy Quarters

Who can stay in Courtesy Quarters?

Courtesy Quarters at the Houston VA Medical Center are available for veteran patients and caregivers on a space available basis.

Veterans using the Courtesy Quarters are generally those attending outpatient clinics for diagnostic or therapeutic reasons, and are staying in the medical center because of the distance from their home. Veterans may also be eligible for this lodging if they must remain overnight due to inclement weather, irregular transportation schedules, or appointments early the following morning.

A caregiver (must be at least 16 years old) may also be lodged in the same room as the veteran. There is no charge for this service.

What is approval based on?

Approval for Courtesy Quarters is based on room availability, the reason for referral, and the veteran's ability to meet all of the Courtesy Quarters eligibility prerequisites.

The HVAMC medical staff member who identifies a possible candidate for the Courtesy Quarters will initiate the referral form, obtain verification signature if needed, and contact the Courtesy Quarters staff at extension 3451. The referring HVAMC medical staff member cannot guarantee reservations.

The staff of the Courtesy Quarters determines the appropriateness of placing the veteran or visiting guest in the Courtesy Quarters, and approves/disapproves the referral.

If approved, the Courtesy Quarters staff will register the guest, provide the guest with a reservation form, review the registration information with the guest, and notify the referring HVAMC medical staff member. The Courtesy Quarters staff may reassess the guest or presence of the designated caregiver prior to final approval and check-in.

When the referral is disapproved, the Courtesy Quarters staff will contact the referring HVAMC medical staff member to determine what follow-up is needed.

What is included with the room?

A room in Courtesy Quarters includes bed linens and towels. Medical services, medication, pajamas, and meals are not included.

What about visiting guests?

Visiting guests may also be provided accommodations in the Courtesy Quarters. Visiting guests must be referred by a member of the veteran's medical team using the Visiting Guest Referral Form.

Visiting guests will be charged for their stay. Reservations will be made only on a space-available basis with veterans and their caregivers receiving first priority.

No more than one night will be confirmed when the reservation is made and the initial reservation cannot be made more than five business days in advance. Subsequent nights must be confirmed after 1 p.m. the preceding day. All visiting guests must be at least 16 years old.

east 16 years old.

Facilities & Services Inside the Hospital

Canteen Services

The Veterans Canteen Service is located on the first floor near the main entrance to the Medical Center. The Canteen Service consists of a Retail Store, Cafeteria, Papa's Best Pizza, Vending Services and a Barber Shop.

The Retail Store has a wide selection of retail merchandise to include health and beauty aids, candy and snacks, men and ladies clothing, gift items, greeting cards, electronic products, and long distance telephone calling cards. It also offers film developing. The Canteen Cafeteria serving line is open for breakfast and lunch. Also available in the Cafeteria is a deli, grill, salad bar, and assorted dessert and snack items. The Canteen Main Vending room is located on the first floor, Room 1A-660, is open 24 hours a day. There are also snack and soda machines located near each Nursing Unit. The Canteen Service also operates a Barber Shop located on the first floor. Payment for barber services may be made in the Canteen Retail Store.

Cafeteria

Monday - Friday, 7 a.m. - 6 p.m.

Saturday - Sunday, 8 a.m. - 2:30 p.m.

Holidays, 8 a.m. - 2:30 p.m.

Burger King

Monday - Friday, 7 a.m. - 6:30 p.m.

Saturday - Sunday, 8 a.m. - 2:30 p.m.

Holidays, 8 a.m. - 2:30 p.m.

5th Avenue Deli

Monday - Friday, 10:30 a.m. - 1:30 p.m.

Papa's Best Pizza

Monday - Friday, 11 a.m. - 2:30 p.m.

Saturday - Sunday, Closed

Holidays, Closed

Information Desk

The information desk, located on the first floor in the main lobby, is open Monday through Friday, 7 a.m. to 7 p.m. You can obtain information on such topics as the location of offices and services within the Houston VA Medical Center, location of inpatients (with their consent), where to register for emergency care services, where to report for admission, where to check in for outpatient clinic visits, and how to get to the regional office.

Lost and Found

All articles classified as lost and found are forwarded to the Patient's Clothing Room, Room BA-203, at the end of each workday. Individuals searching for any lost item should report to Room BA-203, Monday through Friday between the hours of 8 a.m. and 4:30 p.m.

Patient Mail

Mail will normally be delivered to patients daily, Monday through Friday. All mail received after you have been discharged will be forwarded to your home address. It is, therefore, important to make sure we have your current address. Any changes should be reported to your nursing unit staff.

Mail sent to you while a patient should be addressed as follows:

(Your Full Name, Nursing Unit, and Room Number)

VA Medical Center

2002 Holcombe Blvd.

Houston, TX 77030-4298

Parking

Parking on VA grounds is restricted to individuals having business with the VA. All others will be ticketed or towed.

Veterans who are admitted should make arrangements for their vehicle to be removed from the property. The Department of Veterans Affairs cannot assume responsibility for the theft of or damage to any car on medical center property.

Parking lots I & J are reserved for veterans and their visitors coming to this Houston VA Medical Center. These lots are adjacent to the flagpole at the main entrance.

Handicap parking spaces are clearly marked by a standard sign indicating that they are reserved for those vehicles which either a VA handicap sticker or the appropriate handicap placard assigned by the State of Texas.

The requirements to obtain a Handicap Sticker from the VA Police include the following: those confined to a wheelchair, lower limb amputees, and/or those with lower limb impairments that require the use of devices for ambulation.

Restricted parking areas include curbs painted with either yellow or red paint, and areas marked with signs prohibiting or limiting parking.

For a parking map of the Houston VA Medical Center, turn to the back of this booklet.

Release of Medical Information

Medical information will be only be released upon receipt of your written request and consent. If you wish any medical information released, please contact your nursing station or the Release of Information Clerk located in the basement, Room BA-200.

For more information about patient privacy and your rights, turn to that section in this booklet.

Religious Services

Chaplains are on duty from 7:00 a.m. to 4:30 p.m. daily. Chaplains are available for crisis ministry 24 hours a day, seven days a week. To assure prompt response to your needs for a pastoral visit or consultation, indicate

your request to the nurse or clerk on your nursing unit. The message will be promptly delivered to the chaplain.

If you wish to attend services or visit the chapel, it is located on the second floor, above the lobby, just to the left of the main elevators. Devotional literature is available in the chaplain's office upon request.

Protestant services are offered on Sundays at 9 a.m. Roman Catholic services are offered on Sundays at 10 a.m. and Monday through Friday at 11 a.m. All services may be viewed on television Channel 37 in patient rooms.

Social Workers

Social Workers are assigned to each ward in the medical center and also provide coverage for most outpatient programs. They are available to help you with personal or family problems. The social worker has information about many community agencies and resources, which may be of assistance to your family while you are undergoing hospital treatment. The social worker can help those who need special post-hospital care to plan and prepare for whatever is needed. Please notify the nursing unit staff if you need to contact your social worker or call (713) 791-1414, ext. 5735.

Veterans Benefits Counselors

Veterans Benefits Counselors, representatives from service organizations, and the Texas Veterans Commission counselors are assigned to the Medical Center to assist you in matters concerning VA benefits such as compensation, pension, government insurance, education, GI loans, vocational rehabilitation, etc. The Veterans Assistance Office is located on the second floor, Room 2A-112.

Voluntary Service

Voluntary Service is affiliated with over 40 different community groups and service organizations and provides volunteers to assist the medical center's patients and staff with their daily activities.

The American Legion Auxiliary, Veterans of Foreign Wars Auxiliary, the American Red Cross, and Women Veterans of America provide personal care items and toiletries to patients in need. Please notify the unit staff if you are in need of these items. If you need help to write letters, make phone calls, read to you, or just visit for a few minutes, a volunteer will be glad to help you. Your nursing unit staff will assist you in getting in touch with Voluntary Service.

Escort Section

The Escort Section transports patients, medical records, and laboratory specimens throughout the medical center, Sunday through Saturday, 6 a.m. to 10 p.m. The primary responsibility of the Escort Section is to transport or escort ambulatory, wheelchair and stretcher patients to and from their appointments while at the medical center.

Recreation Therapy

Self-directed activities such as hobby shop, bingo, socials, and various tournaments are coordinated by Recreation Therapy and/or sponsored by volunteer groups in the Recreation Center. If you wish to participate in physical activities (basketball, volleyball, weight training, or fitness center), you must have a medical clearance on file in the recreation center. Recreation therapists are currently assigned to psychiatry, nursing home, and spinal cord injury units. Your physician may write a consultation for units without assigned therapists.

Recreation Therapy is located in the Recreation Center, Building 108. The center is open to all inpatients, 8:30 a.m. - 4 p.m. and 6 - 8 p.m. Tuesdays

through Fridays; 8:30 a.m. to 5 p.m. on Mondays; 1 to 8 p.m. on Saturdays; and 1 to 4 p.m. on federal holidays.

Visiting Hours and Guidelines

General Visiting Hours

11 a.m. ? 9 p.m. daily

Intensive Care Units (SICU, MICU, CCU, Unit 3D) Visiting Hours

15 minutes at 9 a.m.; 1 p.m.; 5 p.m.; and 9 p.m. Immediate family members only.

Mental Health Care Line Visiting Hours

Monday ? Friday, 6:30 p.m. ? 9 p.m.

Weekends & Holidays, 1:30 p.m. ? 4 p.m. and 6:30 p.m. ? 9 p.m.

Geriatric Psychiatry Visiting Hours

3 p.m. ? 5 p.m. and 7 p.m. ? 9 p.m.

What are the guidelines regarding visiting a patient?

Visiting hours may be changed to meet the needs of individual patients.

Immediate family members may visit a patient before surgery.

Children 15 years of age and over are permitted to visit inpatient care areas. Children under 15 years of age may visit an inpatient when the attending physician and nurse have granted permission. However, children are required to be accompanied by an adult at all times.

Patients are limited to two visitors at any one time. If limitations on visitors, telephone calls, or other communications are indicated for a particular patient, these limitations will be discussed and determined with the full participation of the patient and the patient's family. All such restrictions will be fully explained to the patient and the patient's family.

Please keep in mind that if a patient requires medical attention or personal care, or if visitors are unsettling to the patient, nursing staff members might ask visitors to leave regardless of the posted visiting hours.

Patient Privacy

Due to a recent change in privacy laws, the Veterans Health Administration (VHA) wants to provide you with an updated VA Notice of Privacy Practices.

The following Summary Notice provides a summary of the VA Notice of Privacy Practices and briefly states 1) How your health information may be used and disclosed; 2) Your rights regarding your health information; and 3) Our legal duty to protect the privacy of your health information. For a more complete description of our privacy practices, you should carefully review the Detailed Notice of Privacy Practices available at your VA medical facility. This Summary Notice does not modify or limit the VA Detailed Notice of Privacy Practices.

Your Health Information

Health information is any information we create or receive about you and your past, present, or future physical or mental health or condition, health care, or payment for medical services.

How We May Use And Disclose Your Health Information

In most cases, your written authorization is needed for us to use or disclose your health information.

However, Federal law allows us to use and disclose your health information without your permission for the following purposes: treatment, payment, health care operations, eligibility and enrollment for VA benefits, law enforcement, coroner or funeral activities (with limitation), public health, judicial or administrative proceedings, national security, research (with strict limitations), services, health care oversight, abuse reporting, correctional facilities, military activities, workers' compensation, when required by law, health or safety activities, patient directories, and family members or others involved in your care (with limitations).

All other uses and disclosures of your health information will not be made without your prior written authorization.

Your Privacy Rights

You have the right to review your health information, obtain a copy of your health information, request your health information be amended or corrected, request that we not use or disclose your health information, request that we provide your health information to you in an alternative way or at an alternative location in a confidential manner, an accounting or list of disclosures of your health information, and receive our VA notice of the privacy practices upon request.

Changes

We reserve the right to change the VA Notice of Privacy Practices. The revised privacy practices will be effective for all health information we already have about you, as well as information we receive in the future. We will send to your last address of record, and otherwise make available to you, a copy of the revised Notice within 60 days of any change.

Complaints

If you are concerned that your privacy rights have been violated, you may file a complaint to VHA or to the Secretary of the U.S. Department of Health and Human Services. To file a complaint with VHA, you may contact your VA health care facility Privacy Officer, the VHA Privacy Officer, or VHA via Contact the VA at <http://www.va.gov> or dial toll-free 1-877-222-8387.

At the Houston VA Medical Center, the Privacy Officer can be reached by calling (713) 791-1414, extension 5529. Complaints do not have to be in writing, though it is recommended. You will not be penalized or retaliated against for filing a complaint.

Quality & Satisfaction With Your Health Care

How can I be sure that I am getting high quality care?

HVAMC is committed to providing you high quality medical care. We base medical decisions, including what tests, treatments, and other interventions to provide to you, concerning your health care needs.

We meet or exceed the same standards for quality and safety that private health care facilities do. The Houston VA Medical Center is fully accredited by the Joint Commission on Accreditation of Health care Organizations (JCAHO), the Commission on Accreditation of Rehabilitation Facilities (CARF), the Commission on Cancer of the American College of Surgeons, American Dental Association, American Psychological Association Office of Accreditation, American Dietetic Association, as well as several other external review organizations.

Who do I talk to if I have a complaint?

The Houston VA Medical Center strives for excellence in patient care. To ensure that we are meeting your needs, we want to help you know what action to take if you have a problem and what you can expect from our staff.

Please remember that there are some problems that result from expecting services that are outside our mission, not in keeping with acceptable clinical standards of care, or beyond our capacity to provide. Our goal is to resolve issues at the point of occurrence. To obtain solutions to concerns you have with our services, please take the following steps:

Step 1: Speak clearly and calmly to the person with whom you are having a problem. Make sure they understand what you want. It is our job to listen to your concerns in an appropriate and effective manner. Your care will never be jeopardized because you have a complaint. If you are unable to resolve the issue, proceed to Step 2.

Step 2: Ask another person to help you resolve the issue - a person on your treatment team, the supervisor, or the administrative officer in the area. If your concerns are not addressed to your satisfaction, proceed to Step 3.

Step 3: You may ask to speak to the Care or Service Line Executive, or Service Chief in the area where you are having a problem. The Executive or Service Chief will listen to your concerns and help to find a solution to your problem. If you are unable to resolve the issue at this level, proceed to Step 4.

Step 4: Seek the help of a Medical Center Patient Advocate in the Consumer Affairs Department (contact information is on the inside front cover of this publication). The first questions the Advocate will ask you are: ?With whom have you talked?? and ?How have you tried to resolve this problem?? As a direct representative of the Medical Center Director, the Advocate?s goal is to help you work with the staff.

Since you are a partner in your health care, we want to help you manage your medical needs with your team. Toward this effort, the Advocate may prepare you to talk with the person with whom you are having the problem. Our Patient Advocates will also review your concerns and provide guidance on effective ways for you to deal with the issues.

Care Choices

Your Prime Care Team needs to know if you have a living will and durable power of attorney for medical care. This means you have chosen someone to make medical decisions about your care only when you cannot make your wishes known.

Information will be provided to you annually regarding Advance Directives and a Social Worker is available to assist you in implementation if you so desire. The Ethics Advisory Committee is also part of your health care team. This group can assist with identifying and resolving ethical issues. Ask your provider, social work service, or Patient Advocate for assistance.

Pain Management

In order to help you, you and your health care provider need to work together. Your Prime Care Team will refer you to the HVAMC Pain Management Clinic if your case requires specialized attention. The Pain Management Clinic uses state-of-the-art pain relief non-invasive procedure therapies along with pharmacological approaches when required; however, the emphasis is on the psychosocial issues of pain.

As a patient, you can expect:

- Information about pain and pain relief measures
- Concerned staff committed to pain prevention
- Health professionals who respond quickly to reports of pain
- State-of-the-art pain management including referral to the HVAMC Pain Management Clinic if your pain is difficult to manage

As a patient, we expect that you will:

- Ask your doctor or nurse what to expect regarding pain and pain management
- Discuss pain relief options with your doctor or nurse
- Work with your doctor or nurse to develop a pain management plan
- Ask for pain relief when pain first starts
- Help the doctor or nurse measure your pain
- Tell the doctor or nurse if your pain is not relieved
- Ask about managing side effects such as constipation

You will be asked to answer these questions:

- Where do you hurt?
- Describe the quality of your pain (gripping, stabbing, burning, dull ache, stinging, crushing, sharp, gnawing, penetrating, etc.).
- What is the level of the pain on a scale of 0 to 10, with 5 being moderate and 10 being unbearable?
- Describe its pattern-occasional, continual, clusters.
- What makes it better? Worse?
- When did it first start?
- What are you doing for it now? Medication? Exercise? Do these things help?
- Has your pain affected your lifestyle? Relationships? Work? Sleep? Appetite?
- It is important for your provider to know what diagnostic tests you have had.
- Keep a log of tests, medications, and their doses, and whether they worked or not. Also keep track of any side effects you experienced.

Patient Rights & Responsibilities

Veterans Health Administration (VHA) employees will respect and support your rights as a patient. We are pleased you have selected us to provide your health care. We plan to make your visit or stay as pleasant for you as possible. Your basic rights and responsibilities are outlined in this document. Please talk with VA treatment team members or a patient representative if you have any questions or would like more information about your rights.

Respect and Nondiscrimination

You will be treated with dignity, compassion, and respect as an individual. Your privacy will be protected. You will receive care in a safe environment. We will seek to honor your personal and religious values.

You or someone you choose have the right to keep and spend your own money. You have the right to receive an accounting of VA held funds.

Treatment will respect your personal freedoms. In rare cases, the use of medication and physical restraints may be used if all other efforts to keep you or others free from harm have not worked.

As an inpatient or long-term care resident, you may wear your own clothes and keep personal items. This depends on your medical condition.

As an inpatient or long-term care resident, you have the right to social interaction and regular exercise. You will have the opportunity for religious worship and spiritual support. You may decide whether or not to participate in these activities. You may decide whether or not to perform tasks in or for the Medical Center.

As an inpatient or long-term care resident, you have the right to communicate freely and privately. You may have or refuse visitors. You will have access to public telephones. You may participate in civic rights.

As a long-term care resident, you can organize and take part in resident groups in the facility. Your family also can meet with the families of other residents. In order to provide a safe treatment environment for all patients and staff, you are asked to respect other patients and staff, and to follow the facility's rules. Avoid unsafe acts that place others at risk for accidents or injuries. Please immediately report any condition you believe to be unsafe.

Information Disclosure and Confidentiality

You will be given information about the health benefits that you can receive. The information will be provided in a way you can understand.

You will receive information about the costs of your care, if any, before you are treated. You are responsible for paying for your portion of the costs associated with your care.

You will be informed of any injuries caused by your medical care. You will be informed about how to request compensation for injuries.

Your medical record will be kept confidential. Information about you will not be released without your consent unless authorized by law (i.e., state public health reporting). You have the right to information in your medical record and may request a copy of your records. This will be provided except in rare situations where your VA physician feels the information will be harmful to you. In that situation, you have the right to have this discussed with you by your VA provider.

Participation in Treatment Decisions

You, and any persons you choose, will be involved in all decisions about your care. You will be given information you can understand about the benefits and risks of treatment. You will be given other options. You can agree to or refuse treatment. Refusing treatment will not affect your rights to future care, but you have the responsibility to understand the possible results to your health. If you believe you cannot follow the treatment plan, you have a responsibility to notify the treatment team.

As an inpatient or long-term care resident, you will be provided any transportation necessary for your treatment plan.

You will be given, in writing, the name and professional title of the provider in charge of your care. As a partner in the health care process, you have the right to be involved in choosing your provider. You will be educated about your role and responsibilities as a patient. This includes care at the end of life. Tell your provider about your current condition, medicines including over the counter and herbals, and medical history. Also, share any other information that affects your health. You should ask questions when you don't understand something about your care. This will help in providing you the best care possible.

You have the right to have your pain assessed and to receive treatment to manage your pain. You and your treatment team will develop a pain management plan together. You are expected to help the treatment team by telling them if you have pain and if the treatment is working.

You have the right to choose whether or not you will participate in any research project. Any research will be clearly identified. Potential risks of the research will be identified and there will be no pressure on you to participate. You will be included in resolving any ethical issues about your care. You may consult with the Medical Center's Ethics Committee and/or other staff knowledgeable about health care ethics.

If you or the Medical Center believes that you have been neglected, abused, or exploited, you will receive help.

Complaints

You are encouraged and expected to seek help from your treatment team and/or a patient advocate if you have problems or complaints. You will be given understandable information about the complaint process available to you. You may complain verbally or in writing, without fear of retaliation.

Patient Education Resource Center

Do you need information about that new prescription your doctor gave you or want to find out more about melanoma, myopia, or migraines?

The Houston VA Medical Center has a Patient Education Resource Center (PERC) that offers health books, journals, handouts, and videos on numerous medical conditions. access is also available to find up-to-the-minute health data. The library offers computer classes to teach you how to use various local and national consumer health databases. Classes are offered each Tuesday and Thursday by appointment.

Veterans and their families are encouraged to stop by the Patient Education Resource Center located in room 4A-400. The library staff will put together a packet of information for you on any medical or health topic you are interested in. The staff is trained in providing consumer health information and medical reference. If you aren't able to visit the PERC, they will send health information to veterans using regular mail, E-mail, or fax. Bedside delivery is available to inpatient veterans.

The PERC is open 7:30 a.m. to 4:30 p.m., Monday through Friday. Call the library at (713) 794-7856 to make a request. An answering machine will take your request after normal business hours.

Discharge from the Hospital

The doctors, nurses, social workers and other health care professionals on your unit will plan your discharge with you. If you have any special concerns about leaving the medical center, please let them know. If you need a ?return to work statement,? please discuss this with your physician before leaving the medical center.

Discharge time is 11 a.m. Please make arrangements with relatives or friends to pick you up by 11 a.m. You and/or your family member will need to pick up your discharge medications and supplies before you leave. Your physician and nurse will provide you with information regarding your discharge and answer any other questions you may have.

The following information is important in preparing to be discharged:

Understand your diagnosis

Know how to use your equipment for therapy or treatments

Understand how to manage your pain

Recognize the limitations of your physical activity that, possibly short term, may include lifestyle changes

Know what your diet should be, the types of food you can and can't eat

Understand the procedures for doing your post discharge treatments

Know what symptoms to report after discharge to your physician or health care contact at HVAMC

Understand your medications, including purpose, when and how to take medication, side effects and any special instructions

Know what activities that may improve or worsen your condition

Know some resources in your community for follow-up care when appropriate

Also, be sure you have:

A friend or family member who knows how to help you with your care at home.

Transportation arranged to get home and to return for appointments.

Supplies/equipment you will need at home.

Medications you are to take home and instructions about how to get your medications refilled.

A clinic appointment if your doctor wants you to return for a follow-up.

Withdraw any funds you have on deposit with the Agent Cashier during the operating hours, 8 a.m. to 4:30 p.m., Monday through Friday. The cashier closes at 3 p.m. on the last workday of the month.

Remember that it is a Federal crime to take VA property. We ask for your assistance to assure that VA property is not removed from the Houston VA Medical Center. The cost of replacing lost or stolen VA property reduces the amount of money we have for high quality medical care.

Mental Health Services

The Mental Health Care Line offers comprehensive inpatient and outpatient services for veterans with mental health needs. Referral to any of the mental health programs described below is done through the Psychiatric Evaluation and Admission Clinic (PEAC). The hours are 8 a.m. to 4:30 p.m., Monday through Friday. The PEAC telephone number is (713) 794-7101. For mental health emergencies after hours, please call the Houston VA Medical Center Operator at (713) 791-1414 and ask for the psychiatrist on call.

Integrated Mental Health Program

This program provides ongoing care in both inpatient and outpatient settings to veterans who have severe and persistent mental illness including schizophrenia, manic-depressive illness (bipolar disorder), and other related disorders. The program's Psychiatric Evaluation and Admission Clinic (PEAC) offers inpatient and outpatient evaluation and crisis services 24 hours a day, 365 days a year.

Trauma Recovery Program

Recognizing the special risk of post-traumatic stress disorder (PTSD) and related illnesses in the veteran population, this program has a broad range of outpatient, day hospital, and acute inpatient services available for veterans suffering from PTSD and other anxiety disorders. Program staff members work closely with the two Veterans Outreach Centers in Houston.

Geriatric Psychiatry Program

This program is designed for the special needs of older veterans with mental health problems. A thorough medical evaluation, careful consideration of medications, and specialized psychological evaluation and treatment are available in inpatient and outpatient settings with community follow-up by an outreach nurse.

Substance Dependence Treatment Program

This program offers three levels of care for drug and alcohol use disorders, inpatient and outpatient detoxification, and opiate replacement treatment. The clinic is open 6 a.m. to 8 p.m., and patients are enrolled immediately upon application.

Psychosocial Rehabilitation Program

For those veterans with severe mental illness who have been repeatedly hospitalized and have not responded to usual treatments, this program offers a long-term partial hospital program (the Day Treatment Center) as well as the community outreach of a Mental Health Intensive Case Management (MHICM) team. The goal is to help veterans live successfully in the community by rehabilitating their social skills and ensuring adherence to appropriate medication treatment.

Health Care for Homeless Veterans Program

This program actively seeks homeless veterans in the community, evaluates their physical and mental health needs, and links them with VA and community services. The program gives special emphasis to the needs of the homeless chronically mentally ill, and provides supportive housing options for eligible veterans.

Social Services

All of our mental health programs include professional social workers who help veterans gain access to community services they need. With participation by veterans and families, the social workers assess problems for discharge planning, help veterans find housing, make referrals to social programs for financial or health care needs, and coordinate with public and private mental health programs in surrounding counties. The Community Residential Care Program and the Contract Nursing Home Care Program at this Medical Center are community placement services available when needed for eligible veterans.

Vocational Rehabilitation Services

This program helps veterans with vocational needs including counseling psychology services, work evaluations, and work-for-pay experiences. Staff members also help veterans make contact with appropriate community vocational resources, including the Texas Employment Commission and the Texas Rehabilitation Commission.

Services for Women Veterans

All the programs above serve women veterans as well as men. In addition, our facility provides special mental health services for women including a Women's Therapy Group and a Women's Behavioral Health Liaison within the Houston VAMC Women's Center that provides psychiatric evaluation and treatment. The Women Veterans Coordinators at the Veterans Outreach Centers also offer a Sexual Trauma Counseling Program (aided by the Trauma Recovery Program) and individual, group, and family counseling.

Health Promotion: Take Care of Yourself

You can stay healthy by being aware of the things that make you sick and then knowing when you need help and where to get the help. The following are some of the things that together we can manage and monitor to keep you healthy and fit.

Blood Pressure

Know your blood pressure. High blood pressure is the "silent killer." It is often present without symptoms. High blood pressure can lead to heart attacks and strokes. Weight loss (in obese patients) and exercise can help normalize mild hypertension. In general, readings below 140/90 are considered normal and at or above 140/90 are considered high.

Cholesterol

Know your cholesterol level and if it is normal. High cholesterol is symptom free. It can also lead to heart attack and stroke. It should be checked every

five years. Cholesterol level of less than 200 or a LDL (bad cholesterol) less than 130 is recommended.

Hearing

If you are over 65, you should have a hearing test yearly. Hearing loss is frequently associated with age, medications, and other health problems. If you are under 65 and suspect you have a problem with hearing, ask about getting screened.

Vision

If you are having a new vision problem or have not had an eye exam in the last two years, please discuss this with your primary care provider who may decide to refer you for a comprehensive eye exam. It is especially important to have regular eye exams to prevent vision loss. Risk factors include a family history of glaucoma, diabetes, age over sixty, or African-American heritage.

Weight

Heighten your understanding of weight-related issues, management of cholesterol and diabetes. Registered dietitians provide individual counseling sessions and group classes.

Exercise

Know the role of physical activity in maintaining your health. Thirty minutes of light to moderate exercise three times per week is recommended. A sedentary lifestyle is linked to heart and vascular disease, whereas regular exercise can help control diabetes, weight gain, and depression.

Be Safe

Know how to live safely. Wear seatbelts while driving or riding in a car. Wear helmets while riding bikes and motorcycles. Do not drink and drive. Have a working smoke detector in your home; it may save your life. Learn how to make your home safe from falls. Falls in the home are the second leading cause of fatal unintentional injuries with most victims 75 years or older. If you are older and/or have chronic disabling conditions, ask your primary care provider or nurse for more information. The VA may be able to provide you with equipment to make your home safe.

Vaccines

Get a pneumovax vaccine after the age of 65 and every six to ten years after that, as your doctor prescribes. Pneumococcal disease can occur in all age groups and can be severe and even lethal. This includes pneumonia, meningitis, and sepsis. The vaccine is usually recommended for anyone over the age of 65 as well as for those with chronic illnesses such as diabetes or high blood pressure. This shot does not prevent all pneumonias from occurring. Get a flu vaccine every year. Know that the flu vaccine should be given yearly. Influenza can be a killer in the elderly or people with chronic illness. It can also lead to complications including pneumonia. Each year, a new vaccine is prepared for the circulating strain or strains of flu virus. So if you still get the flu, you may have been exposed to a virus that was not covered. Get a tetanus and diphtheria vaccination every ten years. Tetanus or lockjaw and diphtheria have been well controlled; however, immunization should be updated every ten years.

Hepatitis

Hepatitis is an infection of the liver that affects people from all walks of life regardless of age, race, gender, or sexual orientation. Risks include not washing hands after using the bathroom, eating uncooked food prepared by an

infected person, drinking contaminated water, having unprotected sex, using illegal drugs, using a razor or toothbrush of an infected person, or exposure to infected blood or body fluids. Ask your primary care provider for more information.

Tobacco

You should know about the role tobacco plays in your health. Tobacco use contributes to emphysema, heart disease, stroke, lung cancer, and oral cancer. It is the chief avoidable cause of death in the United States. The clinic and tobacco cessation programs offer counseling. Ask your health care provider about our Smoking Cessation program.

Alcohol and Drugs

You should also know that alcohol and drugs affect your health in negative ways. Substance abuse contributes to physical and mental illness, crime, violence, and many other social problems. Alcohol causes alcoholic liver disease, brain damage, mental retardation, other mental illnesses, malnutrition, and heart damage. Drinkers are more likely to be involved in motor vehicle accidents, falls, or industrial accidents. Homicide and suicides may be linked to substance abuse. We have substance abuse programs to help you manage these health problems.

Depression

If you have feelings of hopelessness and lack of interest in things that used to make your life interesting, you may be experiencing depression. Discuss this with your provider. There are ways to deal with depression either through counseling or medication or both.

Trauma

If you have had a traumatic life event that is affecting your life, discuss the possibility of PTSD (Post Traumatic Stress Disorder) with your provider.

Cancer

Early cancer detection is very important to enhancing your health and longevity. The following tests and screens are very important to your health and well-being. Know that cancer of the colon screens should be done regularly. Hemoccults or testing for microscopic blood in the stool, should be done every year. This is a test that you can do at home. A sample of the stool is placed on test cards on three consecutive days and turned into the lab. Once you turn 50, a sigmoidoscopy or colonoscopy should be done and then repeated every 5-8 years thereafter.

Sexually Transmitted Diseases

You should know about contraception and preventing pregnancy. We can provide you with information and recommend methods. We can also give you information on Sexually Transmitted Diseases.

For Men

Know when to check for prostate cancer. Ask for a rectal examination, PSA test, or both if you want to know if you do or do not have prostate cancer. A positive PSA test does not necessarily mean you have cancer, and a negative test does not necessarily mean you don't have cancer. Ask your primary care provider for more information.

For Women

Get a Pap smear every one to three years from age 18 to 65, or sooner as advised by your primary care provider. Get an annual breast exam by your primary care

provider. Get a mammogram every one to two years from age 40-49, and every year at age 50 and older, or as advised by your primary care provider. Breast cancer rates climb in women over age 35. For women of child bearing years, discuss the need for Rubella (German Measles) screening and vaccination. Rubella can result in birth defects and is preventable. If you had a hysterectomy, which included removal of the ovaries, or have gone through the change of life, discuss this with your provider. We can provide you information on managing your symptoms with medication or diet/lifestyle modifications that may be helpful. Estrogen replacement treatment after menopause can help prevent osteoporosis and coronary heart disease.

Frequently Asked Questions

Question: How do I obtain a copy of my Report of Separation from Active Duty (DD-214)?

Answer: The VA does not maintain records of veteran's military service, except as is necessary for providing benefits. For information about obtaining your military record, visit the Military Personnel Records Center in St. Louis, which is part of the National Archives and Records Administration, at www.nara.gov/regional/mpr.html. The VA regional office, at 1-800-827-1000, can also send you the necessary request form.

Question: How do I get a scooter?

Answer: Scooter requests are submitted via a consult from your Prime Care Provider to the Wheelchair/Specialty Seating Clinic. The patient will be evaluated to determine if they meet the medical criteria for a scooter. No scooters will be issued until the patient has been fully evaluated by the clinic team members.

Question: Am I eligible for travel benefits in the VA Health Care System?

Answer: Travel benefits vary from veteran to veteran, and depend on your specific situation. Call the Patient Travel Office at (713) 794-7630 to find out more.

Question: Will VA provide hearing aids and eyeglasses to me?

Answer: Generally, hearing aids and eyeglasses are not provided when the hearing and vision loss is the result of aging. However, if you are service-connected with a disability rating of 10% or greater they will be provided. Hearing aids and eyeglasses may also be provided in special circumstances.

Question: How do I change Prime Care Providers?

Answer: In Houston, make your request in writing to the Prime Care Clinic Secretary in the Prime Care Area, Room 1B-316. Make sure you include your name, social security number, telephone number, and the name of your current Prime Care Provider. In Beaumont, veterans should call the Medical Administration Officer at 1-800-833-7734, ext. 113. In Lufkin, veterans should call the Patient Advocate at (936) 633-2753.

Question: What do I do if I run out of VA-prescribed medicine and my next appointment is a month away?

Answer: Veterans can contact their Prime Care Nurse at their Prime Care Clinic to obtain prescription renewals. If you do not know who your Prime Care Team is, call the VA Network Telecare Center at (713) 794-8985 or toll-free 1 (800) 639-5137.

Question: What's the easiest way to get my prescriptions refilled?

Answer: Call the HVAMC Pharmacy Refill line at (713) 794-7648 or toll free at 1 (800) 454-1062. You will need your social security number and your prescription number.

Question: How can I order VA's Federal Benefits for Veterans and Dependents handbook?

Answer: Contact the Government Printing Office at 866-512-1800 or 202-512-1800 for mail-order information. The cost is \$5 to U.S. addresses. The handbook can be downloaded for free from the VA Web site at www.va.gov/pubaff/fedben/Fedben.pdf.

Important VA Telephone Numbers

Houston VA Medical Center Main Line (713) 791-1414

or toll-free 1-800-553-2278

Beaumont VA Outpatient Clinic (409) 981-8550

or toll-free 1-800-833-7734

Lufkin VA Outpatient Clinic (936) 637-1342

or toll-free 1-800-209-3120

VA Network Telecare Center (713) 794-8985

or toll-free 1-800-639-5137

Pharmacy

Refills (713) 794-7648

or toll-free 1-800-454-1062

Helpline (713) 794-7653

Automated Appointment Information (713) 794-7648

or toll-free 1-800-454-1062

Houston VA Medical Center Offices

Audiology (713) 794-7112

Bed Control Office (713) 791-1414, ext. 3789

Chaplain (713) 794-7125

Decedent Affairs (713) 794-7477

Eligibility & Enrollment (713) 794-7288

Fee Basis Office (713) 794-7282

Mill Bill Office (713) 791-1414, ext. 3883

Patient Education Resource Center (PERC) (713) 794-7856

Patient Registration/Admissions (713) 791-1414, ext. 3808

Patient Travel (713) 794-7630

Police (VA) (713) 794-7106

Release of Information (713) 794-7776

Recreation Therapy (713) 794-7872

Social Work (713) 791-1414, ext. 5735

Transfer Center Coordinator (713) 794-7109

Voluntary Service (713) 794-7347

Patient Advocates

Houston (713) 794-7884

Beaumont 1-800-833-7734, ext. 113

Lufkin (936) 633-2753

Houston National Cemetery (281) 447-8686

VA Regional Office Compensation/Pension 1-800-827-1000

VA Regional Office Home Loans 1-888-232-2571

VA Regional Office Education 1-888-442-4551

VA Regional Office Insurance 1-800-669-8477

VA Regional Office Headstones and Markers 1-800-697-6947

Houston VA Medical Center ? Parking Map

Houston VA Medical Center ? Floor Guide

Houston VA Medical Center ? Basement Map

Houston VA Medical Center ? 1st Floor Map

Houston VA Medical Center ? 2nd Floor Map

Houston VA Medical Center ? 3rd Floor Map

Houston VA Medical Center ? 4th Floor Map

Houston VA Medical Center ? 5th Floor Map

Houston VA Medical Center ? 6th Floor Map

Important Houston VA Telephone Numbers and Contact Information

Houston VA Medical Center
2002 Holcombe Blvd., Houston, TX 77030
(713) 791-1414 or toll free 1 (800) 553-2278
www.houston.med.va.gov

Pharmacy
Refills: (713) 794-7648 or toll free 1 (800) 454-1062
Helpline: (713) 794-7653

Automated Appointment Information
(713) 794-7648 or toll free 1 (800) 454-1062

VA Eligibility and Enrollment
(713) 794-7288 or www.va.gov/elig

VA Network Telecare Center
(713) 794-8985 or toll free 1 (800) 639-5137
The VA Network Telecare Center Hotline can assist you with a wide variety of medical problems and concerns including symptom analysis, medication questions, test results, appointments, and eligibility.

Patient Advocates (Consumer Affairs)
Houston: (713) 794-7884
Beaumont: 1 (800) 833-7734, ext. 113
Lufkin: (936) 633-2753

Medical Administrative Assistant (MAA)
Houston: (713) 791-1414, ext. 3808
Medical Administrative Assistants (MAA) and Administrative Officers on Duty (AOD) work together to handle such issues as the transfer of patients, do hazard surveillance, and manage emergency situations after normal business hours.

Veterans Affairs Regional Office
Main Number: toll free 1 (800) 827-1000
Compensation/Pension: toll free 1 (800) 827-1000
Home Loans: toll free 1 (888) 232-2571
Education: toll free 1 (888) 442-4551
Insurance: toll free 1 (800) 669-8477
Headstones and Markers: toll free 1 (800) 697-6947

Houston National Cemetery
(281) 447-8686

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Retail Store
Monday - Friday,
7:30 am. - 6 p.m.
Wednesday,
Closed 2:15 p.m. - 3:15 p.m. for

mandatory employee training
Saturday - Sunday & Holidays,
9 a.m. - 1 p.m.
1:30 p.m. - 3 p.m.

Vending Machines
Daily, 24 Hours

Barber Shop
Monday - Friday, 7:30 a.m. - 4 p.m.
Saturday, 8 a.m. ? noon

My Personal Information

The Houston VA Medical Center is currently reviewing its policy on Courtesy Quarters to ensure compliance with Department of Veterans Affairs regulations.

Lufkin Outpatient Clinic
1301 W. Frank Ave., Lufkin, TX 75904
(936) 637-1342 or
toll free 1 (800) 209-3120

Beaumont Outpatient Clinic
3420 Veterans Circle
Beaumont, TX 77707
(409) 981-8550 or
toll free 1 (800) 833-7734

Outreach Centers
Post Oak Road Vet Center
(713) 682-2288
Westheimer Vet Center
(713) 523-0884

Medical Information
www.medlineplus.org

Patient Education Resource Center (PERC)
(713) 794-7856